



MINISTRY OF HEALTH

SECOND REPORT OF NURSES SALARIES COMMITTEE

SALARIES AND EMOLUMENTS OF MALE NURSES, PUBLIC HEALTH NURSES, DISTRICT NURSES AND STATE REGISTERED NURSES IN NURSERIES

*Presented by the Minister of Health to Parliament
by Command of His Majesty
December 1943*

LONDON

PRINTED AND PUBLISHED BY HIS MAJESTY'S STATIONERY OFFICE

To be purchased directly from H.M. STATIONERY OFFICE at the following addresses :
York House, Kingsway, London, W.C.2 ; 13a Castle Street, Edinburgh 2 ;
39-41 King Street, Manchester 2 ; 1 St. Andrew's Crescent, Cardiff ;
80 Chichester Street, Belfast ;
or through any bookseller

1943

(Reprinted 1944)

Price 9d. net

Cmd. 6487

TABLE OF CONTENTS.

	<i>Paragraphs</i>	<i>Page</i>
A.—INTRODUCTORY.		
Scope of Second Report	1	3
Mental Nurses Sub-Committee	2	3
Sections of Report	3	4
New Member	4	5
General	5	5
Part-time Nurses	6	5
Initial Application of Recommendations	7	5
B.—MALE NURSES.		
General Considerations	8-12	6-7
Definitions	13-21	7-8
Salary Scales	22	8
Table I Male Nurses other than Qualified Male Tutors		9
Table II Qualified Male Tutors		10
Uniform ; Charges for Meals on Duty	23-24	10
Allowances for Additional Qualifications	25	11
Sick Pay	26	11
Other Recommendations	27	11
C.—NURSES EMPLOYED IN PUBLIC HEALTH SERVICES.		
General Considerations	28-29	11
Definitions	30-49	12-14
Table III Salaries and Emoluments.		14-16
Uniform ; Allowance for Office Accommodation ; Transport	50-52	17
Transfers and Promotions	53	17
Annual Increments ; Breaks in Service ; Acting Rank	54	18
Hours of Duty ; Leave ; Sick Pay	55-58	18-19
Training Grants for Health Visitors	59	19
Qualifications for Tuberculosis Visitors and School Nurses	60-61	20
D.—DOMICILIARY NURSES.		
General Considerations	62-70	20-21
Definitions	71-81	21-22
Salaries and Emoluments	82-86	22
Table IV Superintendents and Assistant Superintendents of County Nursing Associations.		23
Table V Domiciliary Nurses provided with full emoluments in District Nurses Homes.		24-25
Table VI Domiciliary Nurses not resident in District Nurses Homes.		26
Uniform and Professional Expenses ; Transport	87-89	27
Transfers and Promotions	90	27
Transfers to Domiciliary Nursing	91	28
Annual Increments ; Breaks in Service ; Acting Rank	92	28
Hours of Duty ; Leave ; Sick Pay	93-96	29
E.—STATE REGISTERED NURSES IN RESIDENTIAL AND DAY NURSERIES.		
General	97-101	30
Definitions	102-105	30-31
Salaries and Emoluments	106	31
Table VII Residential Nurseries		31
Table VIII Day Nurseries		32-33
Uniform	107	34
Transfers and Promotions	108	34
Annual Increments ; Breaks in Service ; Acting Rank	109	34
Hours of Duty ; Leave ; Sick Pay	110-113	35
SUMMARY OF RECOMMENDATIONS.		
APPENDIX I Summary of Tables		43
APPENDIX II Reservation to Tables I and II		50

The estimated cost of preparation of this Report is £703 12s., of which £148 is for printing.



22501979525

1474427

SECOND REPORT OF NURSES SALARIES COMMITTEE

To the Rt. Hon. ERNEST BROWN, M.C., M.P., Minister of Health.

SIR,

A. INTRODUCTORY.

1. **Scope of Second Report.**—In our First Report,* which we presented to you on the 5th February, 1943, and which was published on the 11th February, 1943, we set out our recommendations relating to female nurses employed in hospitals other than mental institutions. These recommendations were subsequently revised or amplified in the Supplement† to our First Report, published on 9th June, 1943, and in two documents, issued respectively in June, 1943, and August, 1943, which have been given the reference numbers, Nurses S.C. Notes No. 1. and Nurses S.C. Notes No. 2.

In this Report we deal with the other matters falling within our terms of reference, except nurses employed in mental institutions (to whom we refer in the next paragraph), and superannuation, on which we are awaiting the advice of the Superannuation Sub-Committee we have appointed. We have been greatly assisted by the other Sub-Committees which we appointed to consider and report on certain of the matters referred to us.

2. **Mental Nurses Sub-Committee.**—As stated in paragraph 1 of our First Report, discussions have been proceeding about the position of nurses employed in mental institutions. As a result of these discussions a Sub-Committee has been appointed in association with our Committee to draw up agreed scales of salaries and emoluments of nurses in mental hospitals and mental deficiency institutions in the light of our recommendations. The Sub-Committee consists of two Panels of employers and employed, each of twelve members. Six members of each Panel were appointed by us, and the other six members of each Panel were appointed by the Joint Conciliation Committee of the Mental Hospitals Association and the Mental Hospital and Institutional Workers Union. The members of the Sub-Committee are as follows:—

Employers Panel.

Nominated by Nurses Salaries Committee.

Mr. Bowen.
Dr. Daley.
Mr. Lythgoe.
Sir George Martin.
Mr. Steventon.
Mr. Wetenhall.

Nominated by Joint Conciliation Committee.

Mr. P. Crowther.
Mr. L. T. Feldon.
Mr. W. J. Garnett.
Mr. J. H. Hollins.
Mr. T. J. Mullins.
Mr. C. A. Stone.

Nurses Panel.

Nominated by Nurses Salaries Committee.

Miss Dey.
Miss Elliott.
Miss Goodall.
Miss L. L. Payne
Mr. Roberts
Miss Taylor.

Nominated by Joint Conciliation Committee.

Mr. R. Barker.
Mr. C. Bartlett.
Mr. A. Flanagan.
Mr. G. Gibson.
Mr. J. Oakes.
Miss K. M. Willis.

Lord Rushcliffe has been good enough to agree to act as Chairman of the Sub-Committee.

* Cmd. 6424 (9d.).

† H.M S.O. (6d.).

WELLCOME INSTITUTE	
LIBRARY	
Coll.	welMomec
Call	pam
No.	A 2 WY100
	1943
	G78s

The recommendations of the Mental Nurses Sub-Committee will be submitted to us for consideration, and it has been agreed that the following representatives of the Mental Hospitals Association and the Mental Hospital and Institutional Workers Union shall take part in our deliberations when matters appertaining to mental nurses are under consideration:—

Representatives of Mental Hospitals Association.

Mr. L. T. Feldon.

Mr. J. H. Hollins.

Mr. W. J. Garnett.

Mr. C. A. Stone.

Representatives of Mental Hospital and Institutional Workers Union.

Mr. R. Barker.

Mr. J. Oakes.

Mr. C. Bartlett.

Miss K. M. Willis.

3. **Sections of Report.**—We have found it convenient to divide this Report into separate sections, as follows:—

B. Salaries and Emoluments of Male Nurses employed in Hospitals or Public Assistance Institutions.

Our recommendations as to male nurses are largely based on proposals put before us by the Male Nurses Sub-Committee, to which reference is made in paragraph 8 of our First Report. Dr. Daley acted as Chairman of this Sub-Committee, and we desire to express our appreciation of the valuable assistance he has given us.

C. Salaries and Emoluments of Nurses employed in the Public Health Services.

D. Salaries and Emoluments of Domiciliary Nurses.

E. Salaries and Emoluments of State Registered Nurses in Residential and Day Nurseries.

Our recommendations in Sections C, D, and E are largely based on proposals put before us by the Public Health Nurses Sub-Committee (which is the short name by which we have referred to the Sub-Committee). In paragraph 5 (2) of our First Report, we set out the original composition and terms of reference of this Sub-Committee. Subsequently, we decided to extend the terms of reference of the Sub-Committee to include certain other categories of nurses in the public health services and also domiciliary nurses and State Registered nurses employed in residential and day nurseries. To assist the Sub-Committee in considering these matters, Lady Richmond, who originally attended the Sub-Committee as an observer was appointed a full member, and we added three additional members: Miss Westmacott, Miss Wilmshurst, and Dr. Banks. The Sub-Committee thus consisted of the following members:—

Mr. Allen.

Dr. Banks.

Miss Blanchard.

Dr. Bullough.

Mr. Bolton.

Dr. Daley.

Miss Charley.

Sir Wynne Cemlyn Jones.

Miss Gray.

Alderman Key.

Miss Westmacott.

Mr. Lythgoe.

Miss Wilmshurst.

Sir George Martin.

Mrs. Woodman.

Lady Richmond.

This Sub-Committee has, like the main Committee, worked in separate Panels, with consultations and joint sessions as necessary. Sir George Martin was elected Chairman and Dr. Bullough Hon. Secretary of the Employers Panel of the Sub-Committee; Mr. Allen was elected Chairman and Miss Gray Hon. Secretary of the Nurses Panel of the Sub-Committee. To all these members the Committee desires to place on record its grateful appreciation.

We have, for convenience, made each Section largely self-contained, and we have not only included recommendations as to salaries and emoluments, but have also, as in the First Report, dealt with some related conditions of service; it has, however, sometimes been found desirable to deal with particular matters not at length, but by cross-reference.

4. New Member.—In May, 1943, Mr. R. W. Ramsay was appointed a member of the Committee, filling the vacancy which had been caused by the withdrawal of the British College of Nurses from representation on the Committee.

5. General.—Some of the general considerations which guided us and our Sub-Committees in dealing with the various categories of nurse covered by this Report are set out briefly in the appropriate Sections which follow, and it is not necessary for us to refer to them in these introductory remarks. It will be observed that whereas in the First Report we recommend uniform scales, in this Report we have for certain categories of nurses felt it necessary, in existing circumstances, to recommend differential rates for London and Metropolitan Police District. We wish to make it clear that all our recommendations in this Report, like those in the First Report, are regarded as appropriate at the present time, with the cost of living at its present level. We do not propose that there should be any cost-of-living bonus in addition, or that the scales should vary with small fluctuations in the cost of living; but we consider that the scales may be subject to reconsideration at the request of either Panel.

The scales we recommend are intended to be standard national scales applicable throughout England and Wales, subject to the provision for the payment of additional allowances in London and the Metropolitan Police District to certain groups of nurses.

6. Part-time Nurses.—Our recommendations in this Report relate to nurses employed whole-time. In the case of nurses employed part-time, we **recommend** that they should be paid salary and emoluments *pro rata* to the average number of hours worked weekly by whole-time staff of the same grade in the same service. Such questions as annual leave and sick pay we are of opinion must be left to the discretion of the employing authority.

7. Initial Application of Recommendations.—As regards the initial application of the recommendations made in this Report, we make the following **recommendations**, which are based generally on those contained in paragraphs 54-57 of our First Report, but embody some subsequent amendments:—

(i) The date from which our proposed scales of salaries and emoluments shall operate, including our proposals as to conditions of service so far as they are applicable, shall be the 1st April, 1943.

(ii) Nurses taking up a new appointment, or promoted to a higher grade, on or after the date of publication of this Report, shall have our recommendations applied to them as a whole.

(iii) Nurses in the service of employing authorities on the date of publication of this Report shall be given the option either:—

(a) of accepting as a whole, with retrospective effect to 1st April, 1943, our recommendations for their grade as to salary, emoluments, and (so far as they are applicable) conditions of service, subject to what is said in (iv) below; or

(b) of remaining on their existing scale of salary, emoluments, and conditions of service, though on promotion our recommendations shall apply.

(iv) For nurses who choose alternative (a) in (iii) above, our recommendations as to the valuation of emoluments for purposes of superannuation, and our proposals as to conditions of service so far as applicable shall take effect wholly as from the 1st April, 1943. Their salaries shall be dealt with as follows:—

Apart from those undertaking a course of training (including State Registered nurses undertaking an approved course of district training, or State Certified midwives undertaking a course of district training with a view to becoming village nurse midwives), each nurse shall, during the year commencing on the 1st April, 1943, receive, as an increase on the salary she was receiving on 1st April, 1943, at her old rate of pay, half the difference between that salary and the salary* she would have been receiving under our scales, had those scales been in operation throughout her nursing service; provided that no nurse shall receive less than the appropriate minimum fixed by the new scales. On the 1st April, 1944, the nurse shall receive an increase equal to the other half, subject to any adjustment necessitated by the proviso to the previous sentence, and shall receive in addition any increment then due to her under our scale. Thus, every such nurse will be brought to her appropriate position on the new scales, in accordance with the length of her service, on 1st April, 1944.

Nurses covered by this Report who are undertaking a course of training shall if they choose alternative (a), be placed forthwith at their appropriate point on the new scales, with effect from the 1st April, 1943.

Nurses (including those undertaking a course of training) who choose alternative (a) and who are, on the date of publication of this Report, receiving a salary higher than the point they would have reached on our scales, had those scales been in operation throughout their nursing service, shall not have their salary reduced; they shall be entitled to continue to receive that salary (as varied from time to time under existing cost of living bonus arrangements), until by length of service sufficient increments have accrued on our scale to entitle them to an increase.

“Salary” in this sub-paragraph includes the cash payments made to non-resident nurses in lieu of emoluments.

During the transitional period 1st April, 1943, to 1st April, 1944, some modifications of the principles for transfers and promotions we have laid down in the various sections which follow may be necessary to secure that, generally speaking, a nurse who transfers or is promoted shall not be placed in a materially more favourable or less favourable position than one who transferred or was promoted immediately before 1st April, 1943, and who therefore had our recommendations as to salary applied to her in accordance with sub-paragraph (iv). For this purpose the examples of transfers or promotions during the transitional period contained in the Supplement to our First Report (published on the 9th June, 1943) will be a guide to employing authorities.

B. SALARIES AND EMOLUMENTS OF MALE NURSES EMPLOYED IN HOSPITALS OR PUBLIC ASSISTANCE INSTITUTIONS.

8. General Considerations.—The number of male nurses employed in hospitals (other than mental institutions) is small compared with the number of female nurses, but they are nevertheless an important and indeed an essential part of the staff of many hospitals.

* This would be calculated by reference to her previous paid service in her existing grade.

9. In existing economic circumstances it has been the practice to pay the male nurse, who is often a married man with family responsibilities, and whose opportunities for promotion are at present more limited than those of female nurses, a somewhat higher salary than a female nurse of similar grade. In framing our recommendations we have felt obliged to recognise this principle, and the scales of salary we recommend for male nurses are higher than the scales recommended in our First Report for female nurses of comparable grades; but in the higher paid grades the difference between the scales for male and female nurses is less than the difference between the respective scales in the lower paid grades.

10. Many members of the Committee have, however, been unable to accept as equitable the relationship between the salaries recommended for male nurses and those of female nurses, particularly in respect of the rates for male assistant nurses and those for State Registered female staff nurses and ward sisters. Having regard to present conditions and difficulties, however, they have agreed not to dissociate themselves from the recommendations contained in this report, though adhering to the principle, which they regard as a fundamental one, that the qualified worker should command a higher salary than the unqualified one.

11. Unlike female nurses, male nurses are predominantly non-resident. Accordingly the scales we recommend for male nurses are inclusive scales, and charges should be made in respect of services provided by the hospital authority.

12. It has been the practice of hospital authorities to offer weekly rates of pay to male nurses; and we have, therefore, set out our recommended scales of salary for male nurses as weekly rates.

13. **Definitions.**—We define below the categories of male nurse for whom we have framed recommendations. It will be appreciated that our recommendations with regard to the different grades are framed to meet the position as, according to our information, it is at present. We recognise the possibility, however, that in future male nurses may be appointed to more responsible posts involving administrative duties than are at present provided for in our Report. If and when this happens, suitable scales for such posts can be considered.

14. *A Qualified Male Senior Tutor* is a nurse on the supplementary part* of the State Register for Male Nurses who is in charge of the teaching of student nurses with one or more qualified assistant sister tutors or male assistant tutors working under his direction, and who possesses one of the qualifications set out in paragraph 16 of our First Report.

15. *A Qualified Male Tutor in Sole Charge* is a nurse on the supplementary part* of the State Register for Male Nurses who is responsible for the teaching of student nurses in a hospital where there is no other qualified tutor, and who possesses at least one of the qualifications set out in paragraph 16 of our First Report.

16. *A Qualified Male Assistant Tutor* is a nurse on the supplementary part* of the State Register for Male Nurses who assists a qualified senior sister tutor or male senior tutor in the teaching of student nurses, being attached whole-

* It is understood that consideration is being given to the question of putting male nurses on the general part of the State Register, instead of (as at present) on a supplementary part.

time to the teaching department, and who possesses one of the qualifications set out in paragraph 16 of our First Report.

NOTE.—*For unqualified male tutors* we have, as in the case of unqualified sister tutors (see paragraph 20 of our First Report), felt unable to make recommendations.

17. *A Superintendent Nurse* is a nurse on the supplementary part* of the State Register for Male Nurses who is responsible for supervising a group of wards and the work of Charge or Head Nurses employed there.

18. *A Charge Nurse or Head Nurse* is a nurse on the supplementary part* of the State Register for Male Nurses who is in charge of one or more wards and the nursing and domestic staff attached thereto.

19. *A Staff Nurse* is a nurse on the supplementary part* of the State Register for Male Nurses who has completed his contract of training and is subsequently employed in a hospital or Public Assistance Institution under nursing supervision.

20. *A Student Nurse* is a student in the art of nursing the sick who is under contract, or on trial prior to entering into a contract, for training for the supplementary part* of the State Register for Male Nurses.

21. *Male Assistant Nurses* we divide into the same categories, A, B, C, D and E as we divided female assistant nurses in our First Report (paragraphs 28-29). Since our First Report was published the Nurses Act, 1943, has been passed. Under the provisions of that Act, arrangements will be made for the admission of assistant nurses (male as well as female), who have undergone a prescribed course of training, to a Roll kept by the General Nursing Council; and we envisage that, when these arrangements have been made, the employment of assistant nurses who are not on the Roll or undergoing training for admission to the Roll will gradually be eliminated. When this happens, the only categories remaining for our purpose will be A (in which we consider nurses admitted to the Roll should be placed) and B (which will comprise those training for admission to the Roll).

22. **Salary Scales.**—We now set out our recommended scales for male nurses. We divide the tables which follow into 4 columns. Column (1) indicates the posts to which the scales apply; Column (2) sets out the scales recommended for male nurses employed elsewhere than as in Columns (3) and (4); Column (3) sets out the scales recommended for those employed in the Metropolitan Police District outside the Administrative County of London. Column (4) sets out the scales recommended for those employed in the Administrative County of London.

Table I relates to male nurses, other than qualified male tutors, employed in hospitals or Public Assistance Institutions. Table II relates to qualified male tutors.

* It is understood that consideration is being given to the question of putting male nurses on the general part of the State Register, instead of (as at present) on a supplementary part.

TABLE I. MALE NURSES OTHER THAN QUALIFIED MALE TUTORS EMPLOYED IN HOSPITALS OR PUBLIC ASSISTANCE INSTITUTIONS.

Post (1)	Recommended Inclusive Weekly Rates of Pay for Male Nurses employed elsewhere than as in Cols. (3) or (4). (2)	Recommended Inclusive Weekly Rates of Pay for Male Nurses employed in the Metropolitan Police District outside the Administrative County of London. (3)	Recommended Inclusive Weekly Rates of Pay for Male Nurses employed in the Administrative County of London. (4)
<i>Superintendent Nurse.</i>	116s. rising by annual increments of 5s. to 136s.	121s. 6d. rising by annual increments of 5s. to 141s. 6d.	125s. 6d. rising by annual increments of 5s. to 145s. 6d.
<i>Charge or Head Nurse.</i>	106s. rising by annual increments of 5s. to 126s.	111s. 6d. rising by annual increments of 5s. to 131s. 6d.	115s. 6d. rising by annual increments of 5s. to 135s. 6d.
<i>Staff Nurse</i> ...	91s. rising by annual increments of 5s. to 106s.	96s. 6d. rising by annual increments of 5s. to 111s. 6d.	100s. 6d. rising by annual increments of 5s. to 115s. 6d.
<i>Student Nurse.</i> <i>If 20 years of age or over.</i>	First Year—66s. Second „ —69s. Third „ —72s. Fourth „ —(if under 4 years contract) :— (1) Before State Registration—76s. (2) After State Registration—80s.	First Year—71s. 6d. Second „ —74s. 6d. Third „ —77s. 6d. Fourth „ —(if under 4 years contract) :— (1) Before State Registration—81s. 6d. (2) After State Registration—85s. 6d.	First Year—75s. 6d. Second „ —78s. 6d. Third „ —81s. 6d. Fourth „ —(if under 4 years contract) :— (1) Before State Registration—85s. 6d. (2) After State Registration—89s. 6d.
<i>If under 20 years of age.</i>	See Note 3 to this Table		
<i>Assistant Nurse</i> <i>Category A.</i>	80s. rising by annual increments of 4s. to 88s.	85s. 6d. rising by annual increments of 4s. to 93s. 6d.	89s. 6d. rising by annual increments of 4s. to 97s. 6d.
<i>Category B.</i> <i>If 20 years of age or over.</i>	First Year—66s. Second „ —69s.	First Year—71s. 6d. Second „ —74s. 6d.	First Year—75s. 6d. Second „ —78s. 6d.
<i>If under 20 years of age.</i>	See Note 3 to this Table.		
<i>Categories C & D.</i>	78s. rising by annual increments of 4s. to 86s.	83s. 6d. rising by annual increments of 4s. to 91s. 6d.	87s. 6d. rising by annual increments of 4s. to 95s. 6d.
<i>Category E.</i> <i>If 20 years of age or over.</i>	72s.	77s. 6d.	81s. 6d.
<i>If under 20 years of age.</i>	See Note 3 to this Table		

Notes to Table I.

1. *London and Metropolitan Police District.*—If the same authority administers hospitals (a) within the Administrative County of London, (b) within the Metropolitan Police District outside the Administrative County, and (c) outside the Metropolitan Police District, that authority shall pay the rates recommended in Col. (4) to male nurses employed in hospitals situated as in (a) and the rates recommended in Col. (3) to those employed in hospitals situated as in (b); and shall have discretion, with regard to male nurses employed in hospitals situated as in (c), whether to pay the rates recommended in Col. (2) or those recommended in Col. (3) in respect of each such hospital.

If the same authority administers hospitals (a) within the Metropolitan Police District outside the Administrative County and (b) outside the Metropolitan Police District, that authority shall pay the rates recommended in Col. (3) to male nurses employed in hospitals

situated as in (a), and shall have discretion, with regard to male nurses employed in hospitals situated as in (b), whether to pay the rates recommended in Col. (2) or those recommended in Col. (3) in respect of each such hospital.

2. *Tuberculosis Nursing*.—Superintendent nurses, charge or head nurses, staff nurses and assistant nurses, Categories A, C, D and E, who are employed in sanatoria, tuberculosis hospitals, other hospitals with major part of accommodation for treatment of tuberculosis, or tuberculosis wards shall receive an additional payment of 4s. weekly, so long as they are so employed. As in the case of female nurses (paragraphs 12 and 41 of First Report) our proposals relating to male nurses employed in tuberculosis nursing are intended to be subject to review.

3. *Student Nurses and Assistant Nurses, Categories B and E, under age of 20*.—We **recommend** that student nurses and assistant nurses Categories B and E who are under the age of 20 shall be remunerated as follows:—

(a) *If aged 19*—they shall be paid in accordance with scales recommended in the Table, less a sum of 7s. 6d. weekly, until they reach the age of 20, when the full rate will be payable.

(b) *If under the age of 19*—they shall be paid in accordance with scales recommended in the Table, less a sum of 15s. weekly, until they reach the age of 19, after which the deduction shall be reduced forthwith to 7s. 6d. weekly, as in (a) above; when they reach the age of 20 the full rate will be payable.

The reductions referred to in (a) and (b) do not affect the payment of increments on the dates due.

TABLE II. QUALIFIED MALE TUTORS.

Post (1)	Recommended Inclusive Weekly Rates of Pay for Male Tutors employed elsewhere than as in Cols. (3) or (4). (2)	Recommended Inclusive Weekly Rates of Pay for Male Tutors employed in the Metropolitan Police District outside the Administrative County of London. (3)	Recommended Inclusive Weekly Rates of Pay for Male Tutors employed in the Administrative County of London. (4)
<i>Qualified Male Senior Tutor.</i>	145s. rising by annual increments of 6s. to 181s.	150s. 6d. rising by annual increments of 6s. to 186s. 6d.	154s. 6d. rising by annual increments of 6s. to 190s. 6d.
<i>Qualified Male Tutor in sole charge.</i>	136s. rising by annual increments of 5s. to 156s.	141s. 6d. rising by annual increments of 5s. to 161s. 6d.	145s. 6d. rising by annual increments of 5s. to 165s. 6d.
<i>Qualified Male Assistant Tutor.</i>	126s. rising by annual increments of 5s. to 146s.	131s. 6d. rising by annual increments of 5s. to 151s. 6d.	135s. 6d. rising by annual increments of 5s. to 155s. 6d.

Note to Table II.

London and Metropolitan Police District.—If the same authority administers hospitals (a) within the Administrative County of London, (b) within the Metropolitan Police District outside the Administrative County, and (c) outside the Metropolitan Police District, that authority shall pay the rates recommended in Col. (4) to qualified male tutors employed in hospitals situated as in (a) and the rates recommended in Col. (3) to those employed in hospitals situated as in (b); and shall have discretion, with regard to qualified male tutors employed in hospitals situated as in (c), whether to pay the rates recommended in Col. (2) or those recommended in Col. (3) in respect of each such hospital.

If the same authority administers hospitals (a) within the Metropolitan Police District outside the Administrative County and (b) outside the Metropolitan Police District, that authority shall pay the rates recommended in Col. (3) to qualified male tutors employed in hospitals situated as in (a), and shall have discretion, with regard to qualified male tutors employed in hospitals situated as in (b), whether to pay the rates recommended in Col. (2) or those recommended in Col. (3) in respect of each such hospital.

23. **Uniform**.—We **recommend** that employing authorities shall provide indoor uniforms for the use of their male nurses and launder them free of charge. The provision and laundering of indoor uniforms shall for superannuation purposes be valued annually at £5. Employing authorities should also make available any protective clothing which may be necessary.

24. **Charges for Meals on Duty**.—The rates recommended in Tables I and II are inclusive rates. If an employing authority provides its male nurses with meals on duty or lodging, appropriate charges at the discretion of the authority shall be made.

25. **Allowances for Additional Qualifications.**—We **recommend** that all male nurses (other than qualified male tutors) who possess the Diploma in Nursing of London University or Leeds University, or the Diploma in Nursing of any other University approved by the General Nursing Council for England and Wales, shall receive an additional payment at the rate of £5 a year.

26. **Sick Pay.**—We **recommend** that, during sickness, all grades of male nurses should receive, in any period of 12 months, sick pay for at least the period shown in the tables below, subject in the case of compulsory contributors to deduction of any statutory sickness or disablement benefit payable under the National Health Insurance Acts:—

During the first year—1 month's full pay and (after 4 months' service) 2 months' half pay.

During second year—2 months' full pay and 2 months' half pay.

During third year and thereafter—3 months' full pay and 3 months' half pay.

These periods are minima, and each hospital authority will have discretion to extend them in individual cases.

While on half pay the nurse should continue to make his normal contribution towards superannuation on his full salary, where this is possible. It is understood that this is not at present practicable in local government service generally, under the provisions of the Local Government Superannuation Acts.

27. **Other Recommendations.**—The rates of pay for male nursing staff are inclusive non-resident rates and no cash allowances additional to salary will therefore be payable for periods of absence on holiday (paragraph 52 of First Report). With this exception, the recommendations made in paragraphs 45-52 of our First Report shall apply.

One additional point calls for mention in connection with *transfers* (paragraph 46 of First Report). A male nurse who transfers in the same grade from a post paid in accordance with Col. (2) of Table I or II to one paid in accordance with Col. (3) or Col. (4) of the Table, or from a post paid in accordance with Col. (3) of the Table to one paid in accordance with Col. (4), shall automatically receive an increase equal to the difference between his previous salary and the corresponding point on the new scale. Where a male nurse transfers voluntarily or by agreement in the reverse direction, he shall automatically lose an amount equal to the difference; where, however, a male nurse is *required* by his employing authority to transfer to an area where a lower scale operates for his grade, the authority shall have discretion, if circumstances in their opinion warrant this, to continue to pay the rate he was receiving before transfer for such period as they think fit.

C. SALARIES AND EMOLUMENTS OF NURSES EMPLOYED IN PUBLIC HEALTH SERVICES.

28. **General Considerations.**—In this Section we deal with a group of nurses whom it is convenient to refer to comprehensively as “nurses employed in the public health services.” Most of them are employed by local authorities in the exercise of their public health functions, including those under the Education Acts; but some are employed by Voluntary Associations acting on behalf of, or in conjunction with, local authorities.

29. Most of the nurses covered by this Section are employed in preventive, not curative, health work. This work, if less spectacular than the nursing of sick and injured patients, is of equal or perhaps even greater importance in maintaining the high standards of health which obtained in peace-time and which have successfully withstood four years of war. In framing our

recommendations, we had regard to the importance of inducing suitable trained staff in adequate numbers to undertake and continue in such work.

30. **Definitions.**—First, we set out definitions of the various categories with whom this Section deals. The definitions are followed by the Tables containing our recommendations as to salaries and emoluments, and by some other recommendations. Nearly all the posts are non-resident, and we have taken this into account in drawing up our proposals.

31. *A Superintendent Health Visitor* is a Health Visitor who is permanently employed whole-time by a local authority to supervise the work of health visitors employed by that authority. She may be appointed also to supervise the work of tuberculosis visitors, school nurses, and child protection visitors where separate visitors are appointed for these duties, and she may act also as non-medical supervisor of midwives and, in some cases, she may be the Superintendent of a County Nursing Association. We use the title Superintendent Health Visitor to refer only to those who supervise personally 10 or more whole-time health visitors or other permanent staff (see Note 2 to Table III), or their equivalent in part-time officers.

32. *A Deputy Superintendent Health Visitor* is a Health Visitor employed whole-time by a local authority to assist a Superintendent Health Visitor and, in her absence, to deputise for her. It is for the employing authority to decide whether such an appointment needs to be made, but in any case we are of opinion that no such appointments should be made unless the staff supervised by the Superintendent Health Visitor numbers at least 40.

33. *A Health Visitor Tutor* is a Health Visitor employed whole-time by a local authority primarily for the purpose of supervising the training of women undergoing a course of training for health visitors run by that authority.

34. *A Senior Health Visitor* is a Health Visitor employed whole-time by a local authority which employs not more than 9 health visitors (including any of the other permanent staff referred to in Note 2 to Table III), and appointed as the senior member of this staff.

35. *A Superintendent of an Infant Welfare Centre* is a Health Visitor employed whole-time at an Infant Welfare Centre to superintend the work at the Centre. The term includes not only those employed whole-time by a local authority but also those employed whole-time by a Voluntary Association with which a local authority has made arrangements under its maternity and child welfare powers.

36. *A Health Visitor* is an officer employed whole-time by a welfare authority whose duties include the visiting of expectant and nursing mothers and children under 5 years of age in their homes, and/or attendance at Infant Welfare and other Centres, for the purpose of giving advice as to the nurture, care and management of children, and as to the health of expectant and nursing mothers. The term includes not only those employed whole-time on health visiting duties by a local authority, but also those employed whole-time by a Voluntary Association with which a local authority has made arrangements under its maternity and child welfare powers. Our recommendations relate only to health visitors who held, prior to the 1st April, 1930, the appointment of health visitor with the approval of the Minister of Health, or have obtained the Health Visitors' Certificate issued by the Royal Sanitary Institute under conditions approved by the Minister of Health, or the Diploma issued under the Board of Education (Health Visitors' Training) Regulations, 1919.*

* These are the statutory qualifications for health visitors employed by local authorities : see Article 8 of the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations, 1930.

37. *A Child Protection Visitor* is an officer employed whole-time by a local authority under section 209 of the Public Health Act, 1936, or section 258 of the Public Health (London) Act, 1936, for the purpose of visiting foster children in order to satisfy themselves as to their health and well-being and give any necessary advice or directions as to the care of their health and their maintenance. Usually, health visitors carry out this work as part of their ordinary health visiting work, but sometimes officers are appointed whole-time for this purpose. Our recommendations relate only to whole-time child protection visitors who held prior to the 1st April, 1930, the appointment of child protection visitor or health visitor with the approval of the Minister of Health, or possess either the Health Visitors' Certificate of the Royal Sanitary Institute or the Diploma issued under the Board of Education (Health Visitors' Training) Regulations, 1919.

38. *A Superintendent Tuberculosis Visitor* is a Tuberculosis Visitor employed whole-time by a local authority or Voluntary Association run in connection with local authorities to supervise the work of the tuberculosis visitors employed by that authority or Association. We use the term Superintendent Tuberculosis Visitor to apply only to those who supervise 10 or more whole-time tuberculosis visitors, or their equivalent in part-time officers.

39. *A Senior Tuberculosis Visitor* is a Tuberculosis Visitor employed whole-time by a local authority which employs not more than 9 tuberculosis visitors and appointed as the senior member of this staff.

40. *A Tuberculosis Visitor* is an officer employed whole-time whose duties include visiting the homes of persons suffering from or in contact with tuberculosis, and/or attendance at a tuberculosis dispensary, for the purpose of giving advice as to care and hygiene and as to the measures necessary to prevent the spread of infection or to prevent recurrence of the disease. The term includes tuberculosis visiting sisters and area sisters employed whole-time by the Welsh National Memorial Association on such work, as well as those employed by local authorities or joint boards. Our recommendations relate only to tuberculosis visitors who held, prior to the 1st April, 1930, the appointment of tuberculosis visitor, with the approval of the Minister of Health, or have obtained the Health Visitors' Certificate issued by the Royal Sanitary Institute under conditions approved by the Minister of Health, or the Diploma issued under the Board of Education (Health Visitors' Training) Regulations, 1919, or else are fully trained nurses with at least three months' special experience at a sanatorium or hospital for the treatment of tuberculosis or at a tuberculosis dispensary.*

41. *A Superintendent School Nurse* is a School Nurse employed whole-time by a local authority to supervise the work of school nurses employed by that authority. We use the term Superintendent School Nurse to apply only to those who supervise 10 or more whole-time school nurses or their equivalent in part-time officers.

42. *A Deputy Superintendent School Nurse* is a School Nurse employed whole-time by a local authority to assist a Superintendent School Nurse and, in her absence, to deputise for her. It is for the employing authority to decide whether such an appointment needs to be made, but in any case we are of opinion that no such appointments should be made unless the staff supervised by the Superintendent School Nurse numbers at least 40.

* These are the statutory qualifications for tuberculosis visitors employed by local authorities; see Article 9 of the Local Government (Qualifications of Medical Officers and Health Visitors) Regulations, 1930. By "fully trained nurses" we understand nurses who are State Registered or are eligible for admission to the List which is being set up under Section 18 of the Nurses Act, 1943).

43. *A Senior School Nurse* is a School Nurse employed whole-time by a local authority which employs not more than 9 school nurses and appointed as the senior member of this staff.

44. *A School Nurse* is a State Registered nurse employed whole-time on nursing duties by a local authority in the school medical service. We use the term *Residential School Nurse* to refer to those employed whole-time as nurses in resident posts in the school medical service.

45. *Combined Posts of Health Visitor, Child Protection Visitor, Tuberculosis Visitor and School Nurse*.—A number of local authorities employ whole-time officers to carry out the duties of health visitor, child protection visitor, tuberculosis visitor and school nurse, (or any two or three of these posts) in combination. Where this is so, we **recommend** that the holder of such a post shall be remunerated on the scale applicable to the *highest paid* of the combined posts which she holds, provided she holds the necessary qualifications.

46. *Nurses engaged whole-time on nursing duties in connection with dental work*.—We have taken cognisance of advice given by the Board of Education that it is uneconomical of trained woman-power to employ State Registered nurses on duties within the purview of dental attendants, and that the continuance of such arrangements cannot in present circumstances be justified. We realise, however, that circumstances may arise in which an employing authority desires to employ a State Registered nurse whole-time on nursing duties in connection with the dental service; and where a State Registered nurse is so employed whole-time, she should receive the same salary as we recommend for a school nurse.

It is not within our terms of reference to recommend salaries for dental attendants.

47. *A V.D. Clinic Sister* is a State Registered nurse employed whole-time direct by a local authority at an *ad hoc* clinic (not attached to a hospital) for the treatment of venereal diseases, and in charge of one or more other State Registered nurses employed at the clinic.

48. *A V.D. Clinic Nurse* is a State Registered nurse employed whole-time direct by a local authority on nursing duties at an *ad hoc* clinic (not attached to a hospital) for the treatment of venereal diseases.

49. *Other Clinic Sisters and Nurses*.—See Note 5 to Table III.

TABLE III. NURSES EMPLOYED* IN THE PUBLIC HEALTH SERVICES.**

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
<i>Superintendent Health Visitor†</i> If number of staff supervised is :—	
(i) 100 or over	£450, rising by annual increments of £25 to £550.
(ii) 50–99	£420, rising by annual increments of £25 to £520.
(iii) 25–49	£390, rising by annual increments of £20 to £490.
(iv) 10–24	£360, rising by annual increments of £15 to £420 followed by one further increment of £10 to £430.
<i>Deputy Superintendent Health Visitor.</i>	£340, rising by annual increments of £15 to £430 followed by one further increment of £10 to £440.

* For nurses employed in a temporary capacity, see Note 6 to this Table.

** For London and the Metropolitan Police District, see Note 1 to this Table.

† See Note 2 to this Table.

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
<i>Health Visitor Tutor</i>	See Note 3 to this Table.
<i>Senior Health Visitor</i>	Health Visitors' salary (£270, rising by annual increments of £10 to £360), plus an allowance of £20.
<i>Superintendent of Infant Welfare Centre</i>	Health Visitors' salary (£270, rising by annual increments of £10 to £360), plus an allowance of £20.
<i>Health Visitor</i>	£270, rising by annual increments of £10 to £360.
<i>Child Protection Visitor</i>	£270, rising by annual increments of £10 to £360.
<i>Superintendent Tuberculosis Visitor</i> ...	See Note 4 to this Table.
<i>Senior Tuberculosis Visitor.</i> (a) If possessing the Health Visitors' Certificate or Diploma issued under Board of Education (Health Visitors' Training) Regulations, 1919. (b) If not possessing such a Certificate or Diploma.	
	Health Visitors' salary (£270, rising by annual increments of £10 to £360), plus an allowance of £20.
	Tuberculosis Visitors' salary (£250, rising by annual increments of £10 to £340), plus an allowance of £20.
<i>Tuberculosis Visitor.</i> (a) If possessing Health Visitors' Certificate or Diploma issued under Board of Education (Health Visitors' Training) Regulations, 1919. (b) If not possessing such a Certificate or Diploma.	
	Health Visitors' salary (£270, rising by annual increments of £10 to £360).
	£250, rising by annual increments of £10 to £340.
<i>Superintendent School Nurse.</i> (a) If <i>required</i> by employing authority to possess the Health Visitors' Certificate or the Diploma issued under the Board of Education (Health Visitors' Training) Regulations, 1919. (b) If <i>not so required</i> (whether or not she possesses such a Certificate or Diploma) and if number of school nurses supervised is :— (i) 100 or over (ii) 50-99 (iii) 25-49 (iv) 10-24	
	As for Superintendent Health Visitor, except that the only staff supervised are school nurses.
	£420, rising by annual increments of £25 to £520. £390, rising by annual increments of £25 to £490. £360, rising by annual increments of £20 to £460. £330, rising by annual increments of £15 to £390 followed by one further increment of £10 to £400.
<i>Deputy Superintendent School Nurse.</i> (a) If <i>required</i> by employing authority to possess the Health Visitors' Certificate or the Diploma issued under the Board of Education (Health Visitors' Training) Regulations, 1919. (b) If <i>not so required</i> (whether or not she possesses such a Certificate or Diploma).	
	As for Deputy Superintendent Health Visitor.
	£310, rising by annual increments of £15 to £400 followed by one further increment of £10 to £410.

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
<i>Senior School Nurse.</i>	
(a) If <i>required</i> by employing authority to possess Health Visitors' Certificate or Diploma issued under Board of Education (Health Visitors' Training) Regulations, 1919.	Health Visitors' salary (£270, rising by annual increments of £10 to £360), plus an allowance of £20.
(b) If <i>not so required</i> (whether or not she possesses such a Certificate or Diploma).	School Nurse's salary (£220, rising by annual increments of £10 to £310), plus an allowance of £20.
<i>School Nurse.</i>	
(a) If <i>required</i> by employing authority to possess Health Visitors' Certificate or Diploma issued under Board of Education (Health Visitors' Training) Regulations, 1919.	Health Visitors' salary (£270, rising by annual increments of £10 to £360).
(b) If <i>not so required</i> (whether or not she possesses such a Certificate or Diploma).	£220, rising by annual increments of £10 to £310
<i>Nurses engaged whole-time on nursing duties in connection with dental work.</i>	£220, rising by annual increments of £10 to £310.
<i>Residential School Nurse</i>	£140, rising by annual increments of £10 to £230. These figures are <i>exclusive of emoluments</i> ; the emoluments† to be valued at £100 for purpose of superannuation.
<i>V.D. Clinic Sister*</i>	V.D. Clinic Nurse's salary (£230, rising by annual increments of £10 to £320), plus an allowance of £20.
<i>V.D. Clinic Nurse*</i>	£230, rising by annual increments of £10 to £320.

Notes to Table III

1. *London and Metropolitan Police District.*—The scales recommended in this Table apply to corresponding staff employed in London and the Metropolitan Police District, with the following difference. All the staff covered by this Table (except residential school nurses) shall be entitled to an additional payment of £30 a year if employed in the *Administrative County of London* and to an additional payment of £15 a year if employed in the *Metropolitan Police District outside the County of London*; provided that an authority whose boundaries are only partly within the Metropolitan Police District shall have discretion to pay the additional allowance to all the staff concerned who are in their service, to those working in certain parts of their area only, or to none.

We are aware that health visitors and tuberculosis visitors employed by most of the Metropolitan Borough Councils have hitherto been covered by an agreement made by the London District Council for Local Authorities' Administrative, Technical, and Clerical Services, and that under this agreement a scale has been laid down with a higher maximum (if cost of living allowance at current rates is included) than we have recommended. It is our intention that existing staff covered by this agreement should not be adversely affected by our recommendations, but we **recommend** that staff recruited after the date of publication of this Report shall be appointed on the terms we recommend.

2. *Superintendent Health Visitor.*—Sometimes a post as superintendent health visitor is held in combination with other posts. Where the post is combined with that of non-medical supervisor of midwives, the number of health visitors and midwives who are permanent whole-time employees of the local authority should be taken into account in determining the appropriate scale. Where the superintendent health visitor supervises also tuberculosis visitors and/or school nurses, such staff, if in the permanent service of the authority, should be taken into account in determining the appropriate scale. Where the post is combined with that of Superintendent of a County Nursing Association, the position is covered by Table IV (see Note 2 to that Table).

* See Note 5 to this Table.

† By "emoluments" for residential staff are meant board, lodging, personal laundry, and the use and laundering of uniform (cf. paragraph 31 of First Report).

3. *Health Visitor Tutors*.—We understand that there are at present few officers employed by local authorities who are engaged whole-time in the training of women to become health visitors. Where such an appointment is made, we **recommend** that it shall be left to the discretion of the employing authority to decide the appropriate salary for the post.

It has been suggested that there is a need for a standard curriculum of training and examinations for health visitor tutors; and we are of opinion that it would be desirable for you to look into this matter.

4. *Superintendent Tuberculosis Visitor*.—So far as we are aware, there are very few posts of whole-time superintendent tuberculosis visitor, and we feel that it is not possible to draw up national scales for such staff. We **recommend** that it should be left to the employing authority not only to decide whether to make such an appointment, but also, if such an appointment is made, to decide what shall be the appropriate salary.

5. *Clinic Sisters and Nurses*.—We have felt unable for the present to make recommendations about nurses employed at clinics other than clinics for the treatment of venereal diseases.

6. *Temporary Service*.—It is our intention that the scales recommended in this Table shall apply to temporary appointments as well as to permanent appointments, with increments for years of unbroken service.

50. **Uniform**.—We **recommend** that employing authorities shall provide uniform free for all nurses covered by this Section who are required to wear uniform; and that for all non-resident nurses the uniform shall be valued annually at £12 for superannuation purposes. (For residential school nurses the total value placed on their emoluments includes a valuation of the provision of uniform).

51. **Allowance for Office Accommodation at Home**.—Where any of the non-resident nurses covered by this Section is required, for the purpose of carrying out her duties, to use a room in her home as an office and incurs expenditure thereby, we **recommend** that the authority shall make an appropriate payment to the nurse; the amount to be settled by the authority with the nurse.

52. **Transport**.—We **recommend** that the employing authority shall either provide the nurses covered by this section with the means of transport which they require them to use or reimburse approved travelling expenses incurred by them in the discharge of their duties.

53. **Transfers and Promotions**.—Owing to the variety of moves which may take place on transfer and promotion, it is impossible to cover every type of case. The following recommendations will, however, serve as a guide. We **recommend** that—

(1) A nurse in the public health services who transfers to another post in the public health services on the same salary scale shall continue to progress on the salary scale in accordance with her length of service. Service accruing for increment in the first post shall be taken into account in determining qualification for increment; the nurse will thus continue on the same scale as if she had remained in the same post.

(2) In the case of transfers to a similar post in London or the Metropolitan Police District from elsewhere, a non-resident nurse in the public health services shall automatically receive the appropriate additional allowance. When the transfer is in the reverse direction, she shall automatically lose the allowance.

(3) A health visitor who is appointed whole-time as a senior health visitor or superintendent of an Infant Welfare Centre, a tuberculosis visitor who is appointed senior tuberculosis visitor, and a school nurse who is appointed senior school nurse, shall forthwith receive the additional allowance of £20 a year laid down for such posts. If they revert to their previous grade they shall forthwith lose the allowance.

(4) A superintendent health visitor who transfers to a similar post for which a lower scale is in force, shall, if she was before transfer already receiving a higher salary than the maximum of the new scale, be placed forthwith at the

maximum of the new scale; if she was receiving less than the maximum of the new scale, she shall retain her existing salary and be brought to the next higher point of the new scale on the next incremental date. If she transfers to a similar post for which a higher scale is in force, the arrangement in (5) below will apply. Transfers of superintendent school nurses to similar posts shall be dealt with in the same way.

(5) A health visitor or senior health visitor who is promoted to superintendent health visitor or deputy superintendent health visitor, shall, if the minimum of the new scale is lower than the salary she was previously receiving, start on that scale at the point equal to her previous salary or, if there is no exactly equal point, at the next higher point. If the minimum of the new scale is equal to, or greater than, the salary the nurse was receiving before promotion, she shall start at the minimum of the new scale. The same principles apply whether the promotion is in the service of the same or a different authority. Promotions of school nurses or senior school nurses to superintendent or deputy superintendent school nurses, shall be dealt with in the same way.

(6) As regards other transfers or promotions within the public health services, we are of opinion that, so far as possible, the principles set out above should be followed, and that a nurse's position on the scale applicable to her new post should be determined solely by reference to previous service in the same type of work. Where a nurse transfers from other nursing work to employment in the public health services, we are of opinion that she should be placed at the minimum of the appropriate scale.

54. Annual Increments: Breaks in Service: Acting Rank.—We recommend that the recommendations made in paragraphs 45, 47 and 48 of our First Report as to annual increments, breaks in service, and acting rank shall apply to nurses employed in the public health services.

With regard to the recommendation in paragraph 45 of the First Report that nurses promoted to a higher grade shall not be entitled to an increment on the 1st April following their promotion, unless they have at that date served at least six months in their new grade, we desire to make it clear that, if application of this principle has the result that a nurse on the 1st April following her promotion would receive a lower salary than she would have received if she had not been promoted, she shall be entitled to an increment even if she has served less than six months in her new post.

55. Hours of Duty.—We do not feel it is necessary at present to make any specific recommendations about the hours of duty of nurses covered by this Section.

56. Leave.—We recommend that nurses employed in the public health services, other than school nurses, shall have three weeks annual leave with pay and, in addition, paid leave on the usual public holidays.* School nurses are excepted, bearing in mind that their holidays are normally longer than this—a practice which we feel should continue.

During annual leave a holiday allowance of 15s. a week shall be paid to residential school nurses. No holiday allowance shall be paid to other staff (non-resident), since their salary is inclusive.

57. Post Certificate Leave.—We recommend that authorities employing nurses in the public health services shall grant such staff special paid leave at intervals not exceeding five years to attend post-certificate refresher courses which are approved by the appropriate Government Department as suitable

* This will mean that the nurses in question will receive, in all, the equivalent of four weeks' annual leave.

for the category of staff concerned. The employing authority shall pay the tuition fees and travelling expenses of nurses granted leave for this purpose; but the nurses themselves shall pay for their board and lodging while taking the course, except in the case of residential school nurses, who are entitled to maintenance in addition to their resident salary, and for whose board and lodging, therefore, the employing authority shall pay while they are undergoing the course.

58. Sick Pay.—We **recommend** that, during sickness, all grades of nurses employed in the public health services shall receive, in any period of 12 months, sick pay for at least the periods shown in the tables below, subject in the case of compulsory contributors to deduction of any statutory sickness or disablement benefit payable under the National Health Insurance Acts:—

During the first year—1 month's full pay and (after 4 months' service) 2 months' half pay.

During second year—2 months' full pay and 2 months' half pay.

During third year and thereafter—3 months' full pay and 3 months' half pay.

These periods are minima, and each employing authority will have discretion to extend them in individual cases.

If she is not being provided by her employing authority with in-patient treatment, a residential school nurse will receive an allowance of 15s. a week during periods of sick leave on full pay and 7s. 6d. a week during periods of sick leave on half-pay, except where the absence is for less than a continuous week, in which case the allowances will not be payable. No allowance is payable if a residential school nurse is being provided by her employing authority with in-patient treatment or if the authority has arranged for its provision free.

Other nursing staff employed in the public health services will not receive any additional allowance during sick leave, since they are non-resident and they would draw their full inclusive salaries during sick leave on full pay and half those salaries during sick leave on half pay.

While on half pay, the nurse should continue to make her full contribution towards superannuation, where this is possible. It is understood that this is not at present practicable in local government service generally, under the provisions of the Local Government Superannuation Acts.

59. Training Grants for Health Visitors.—There are at present some schemes for giving financial assistance to women who wish to take up training as health visitors. A grant of £15 for each student is paid by the Ministry of Health to training institutions, subject to certain conditions. The grant is intended to cover the cost of tuition, and where it does not cover the whole cost, the fees must be reduced by the amount of grant. There are also arrangements in the areas of certain local authorities under which candidates who undertake to serve in those areas for at least six months after qualification receive from the local authority an advance of salary to help them take the ordinary six months course of training; they repay this money during their first six months period of service as health visitors. Apart from these arrangements, there are in some areas special courses of training for probationer health visitors approved by the Minister of Health which last at least three academic terms; during these courses the students may be paid a salary not exceeding three-quarters of that of the ordinary commencing salary of a health visitor. We are of opinion, however, that these schemes for assistance are not adequate, and that suitable nurses may be prevented from training to become health visitors by their inability to afford to take the course. We **recommend** that you should give consideration to the whole question of training grants for health

visitors, particularly in relation to the proposals now under consideration for revising the curriculum of training of health visitors.

60. **Qualifications for Tuberculosis Visitors and School Nurses.**—It will be observed from paragraph 40 that the statutory qualification for a tuberculosis visitor is that she must possess the Health Visitors' Certificate or Diploma, or, in addition to being a fully trained nurse, have had at least three months' experience at a sanatorium, tuberculosis hospital, or tuberculosis dispensary. We are of opinion that it is not satisfactory that three months' experience in tuberculosis nursing should be regarded as a sufficient qualification for a tuberculosis visitor, and we **recommend** that you should give consideration to the position.

61. For school nurses, no statutory qualifications at all have so far been laid down. We **recommend** that you should consider with the Board of Education what are the requisite qualifications for such posts, and that the necessary steps should be taken to secure that all new appointments are filled by nurses possessing these qualifications. When this has been done, the salaries we recommend for school nurses may need to be reviewed.

D. SALARIES AND EMOLUMENTS OF DOMICILIARY NURSES.

62. **General Considerations.**—In this Section we put forward recommendations for nurses employed in domiciliary nursing work, that is, in attending patients in their own homes.

63. The arrangements in England and Wales for domiciliary nursing are mainly in the hands of voluntary District Nursing Associations. These Associations are assisted by grants from local authorities, but a large proportion of their income is derived from voluntary subscriptions, payments made by patients who can afford to make them, and contributory schemes. Most District Nursing Associations outside the large urban areas are affiliated to a County Nursing Association, which organises and supervises the district nursing work in the county. The majority of District Nursing Associations and County Nursing Associations are also affiliated to the Queen's Institute of District Nursing, which maintains a regular supervision throughout the country of affiliated Associations in order to ensure as uniform a standard of nursing work as possible.

64. Domiciliary nursing is an essential part of the health services of this country. It not only serves to relieve the pressure of work in hospitals, but under a doctor's direction it provides patients with continuous skilled treatment while saving them the difficulties and the time involved in travelling to a hospital. Moreover, the visits paid by the nurses are not only of benefit to the patient, but also serve to educate the family in the general principles of curative and preventive health measures.

65. A large number of District Nursing Associations undertake domiciliary midwifery on behalf of local authorities. We have consulted with the Midwives Salaries Committee as to the position of district nurses who are also engaged in domiciliary midwifery, and in the Tables which follow we put forward recommendations for district nurse midwives as well as for nurses who are engaged solely in domiciliary nursing. We also put forward recommendations about village nurse midwives; these are the same as the recommendations for this category included in the Report of the Midwives Salaries Committee.

66. District Nursing Associations may also undertake other public health work on behalf of local authorities, particularly in the more rural areas.

67. Some general State Registered nurses are employed as district nurses immediately after qualification, without undergoing any course of training to

equip them for this work. Others, in particular Queen's nurses and Ranyard nurses, undergo an approved course of district training before they take up work as district nurses. By an "approved course of district training" we mean a course of training for a period of six months, including theoretical and practical training; this course is reduced to four months for nurses holding the Health Visitors' or Midwife Teachers' Certificate. The work of a district nurse differs in many respects from the work of a hospital nurse, and it is undoubtedly of great value and assistance to the nurse to undergo an approved course of training in the medical and social aspects of nursing in the homes of the people. We have therefore recommended that district nurses who have successfully completed such a course of training should receive a higher remuneration than a district nurse who has not. We are of opinion, however, that the present state of affairs is not satisfactory and that it would be most desirable if all nurses who undertook district nursing had first to undergo an approved course of training; and we **recommend** that, as soon as circumstances permit, you should take steps to prescribe a statutory qualification for district nurses.

68. Like the other nursing services in this country, district nursing has for a long time suffered from a shortage of recruits. This, we feel, may be due partly to the fact that the importance of their work is not sufficiently appreciated by the general public and that members of the nursing profession itself do not fully appreciate the varied opportunities which it offers. We feel that it is important to emphasise, in all publicity about the nursing service, the essential part which district nursing plays in the health services, and the scope and experience which it offers.

69. Undoubtedly, in the past, the remuneration of the district nurse has not been commensurate with the responsibility which she undertakes. In framing our recommendations we have sought to put forward proposals which would not only provide a reasonable remuneration for the district nurse, but would attract entrants in sufficient numbers into district nursing and would, we hope, persuade them to make it their career.

70. While we regard the headquarters nursing staff of the Queen's Institute and analogous appointments in other organisations as falling within our purview, we have not felt able to frame any specific recommendations about such staff in this Report. We **recommend** that it must be left to the employing authority in such cases to decide what are appropriate rates of pay in the light of our recommendations as a whole.

71. **Definitions.**—Before we set out the scales we recommend, it is convenient to define the categories of nurse with which this Section is concerned.

72. *A Superintendent of a County Nursing Association* is a general State Registered nurse and State Certified midwife employed whole-time by a County Nursing Association to supervise and organise the work of District Nursing Associations which are affiliated to the County Nursing Association.

We divide these Superintendents into two categories:—

(a) those who not only supervise district nurses or district nurse midwives but also act as non-medical Supervisors of Midwives and/or as Superintendent Health Visitors;

(b) those who supervise district nurses or district nurse midwives only.

73. *An Assistant Superintendent of a County Nursing Association* is a general State Registered nurse employed whole-time by a County Nursing Association to assist the Superintendent and, in her absence, to deputise for her.

74. *A Superintendent of a District Nurses Home* is a general State Registered nurse employed whole-time by a District Nursing Association to be in charge of

a hostel or home provided by the Association for the accommodation of six or more district nurses, district nurse midwives or village nurse midwives, and to supervise their work. Some of these hostels or homes are approved by the Central Midwives Board for the training of pupil midwives. Some of them also give an approved course of training in district nursing.

75. *An Assistant Superintendent of a District Nurses Home* is a general State Registered nurse employed whole-time by a District Nursing Association to assist the Superintendent of a District Nurses Home and, in her absence, to deputise for her. Where more than one assistant superintendent is employed at a District Nurses Home, the senior assistant would act as the deputy in the superintendent's absence.

76. *A Senior District Nurse* is a general State Registered nurse employed whole-time by a District Nursing Association as the senior officer of a hostel or home where from three to five district nurses, district nurse midwives, or village nurse midwives are accommodated.

77. *A District Nurse Midwife* is a general State Registered nurse and State Certified midwife employed whole-time by a District Nursing Association to act as a nurse for patients in their own homes, and to act as a midwife or maternity nurse for women who are confined in their own homes. She may be required by her employing authority to do other public health duties.

78. *A District Nurse* is a general State Registered nurse employed whole-time by a District Nursing Association to act as a nurse for patients in their own homes. She may be required by her employing authority to do other public health duties.

79. *A Student District Nurse* is a general State Registered nurse who is undergoing an approved course of training in district nursing.

80. *A Village Nurse Midwife* is a State Certified midwife who is not a general State Registered nurse but has undergone a course of practical and theoretical instruction in district nursing; who is employed whole-time by a District Nursing Association to act as a nurse for patients in their own homes, and to act as a midwife or maternity nurse for women who are confined in their own homes; and who is engaged for the larger part of her time on nursing work.

81. *A Village Nurse Midwife undergoing district training* is a State Certified midwife who is undergoing a course of practical and theoretical instruction in district nursing.

82. **Salaries and Emoluments.**—The Tables below contain our recommendations for the nurses covered by this Section of our Report.

83. Table IV sets out our recommendations for Superintendents and Assistant Superintendents of County Nursing Associations.

84. Table V sets out our recommendations for those who are accommodated in district nurses homes and who are provided, like the residential institutional nurse with full emoluments* by their employing authority; the salary scales are related generally to those applying in hospitals.

85. Table VI sets out our recommendations for domiciliary nurses other than those covered by Tables IV and V.

86. It is convenient at this point to make it clear that it is our intention that the scales recommended in the following Tables shall apply to temporary appointments as well as to permanent appointments, with increments for years of unbroken service.

* For definition of emoluments in the case of residential staff, see footnote to page 16.

TABLE IV.
SUPERINTENDENTS AND ASSISTANT SUPERINTENDENTS OF
COUNTY NURSING ASSOCIATIONS.

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
<i>Superintendent of County Nursing Association.</i>	
<i>Category (a) (see para. 72).</i>	
If directly responsible for :—	
(i) 50 or more staff	(i) From £425–£550. This is a range, not a scale. The starting point within the range to rest in each case with the employing authority. Five annual increments of £20 to be given thereafter, provided the maximum of the range is not exceeded.
(ii) 20–49	(ii) From £360–£480. This is a range, not a scale. The starting point within the range to rest in each case with the employing authority. Five annual increments of £15 to be given thereafter, provided the maximum of the range is not exceeded.
<i>Category (b) (see para. 72).</i>	
If directly responsible for :—	
(i) 50 or more district nurses	(i) From £395–£520. This is a range, not a scale. The starting point within the range to rest in each case with the employing authority. Five annual increments of £20 to be given thereafter, provided the maximum of the range is not exceeded.
(ii) 20–49 district nurses	(ii) From £330–£450. This is a range, not a scale. The starting point within the range to rest in each case with the employing authority. Five annual increments of £15 to be given thereafter, provided the maximum of the range is not exceeded.
<i>Assistant Superintendent of County Nursing Association.</i>	From £320–£425. This is a range, not a scale. The starting point within the range to rest in each case with the employing authority. Five annual increments of £15 to be given thereafter, provided the maximum of the range is not exceeded.

Notes to Table IV

1. *Additional payments for London and Metropolitan Police District.*—We **recommend** that, in the case of superintendents and assistant superintendents of County Nursing Associations employed in (a) London, or (b) the Metropolitan Police District, the minima and maxima of the ranges laid down in this Table shall be increased by (a) £30 a year if they are employed within the Administrative County of London, or (b) £15 a year if they are employed in the Metropolitan Police District outside the County of London; provided that an employing authority whose administrative boundaries are only partly within the Metropolitan Police District, shall have discretion whether or not to make the extra payment of £15 to the Superintendent or Assistant Superintendent in their employ.

2. *Superintendents of County Nursing Association.*—Paragraph 72 defines the two categories into which we divide Superintendents of County Nursing Associations. Category (a) covers those holding combined posts. In deciding the appropriate range for either category, only staff for whom the Superintendent is directly responsible should be counted; if there is a Superintendent in charge of a District Nurses Home, nurses responsible to her should not be counted as a direct responsibility of the Superintendent of the County Nursing Association.

3. *Resident Superintendents and Assistant Superintendents of County Nursing Associations.*—A few Superintendents and Assistant Superintendents of County Nursing Associations are provided with full residential emoluments by their employing authority. In such cases we **recommend** that the employing authority shall deduct from the inclusive salary the sum of £130 in the case of a Superintendent and the sum of £120 in the case of an Assistant Superintendent.

TABLE V.

DOMICILIARY NURSES PROVIDED WITH FULL EMOLUMENTS*
IN DISTRICT NURSES HOMES.

Post (1)	Recommended Annual Salary (exclusive of emoluments). (2)	Total Value of Annual Emolu- ments (for superannuation purposes). (3)	Total Value of Salary and Emoluments [Col. (2) plus Col. (3)]. (4)
<i>Superintendent of District Nurses Home†.</i>			
(a) In a District Nursing Training Home with			
(i) 17 or more nurses‡	£265, rising by annual incre- ments of £15 to £325.	£120	£385-£445
(ii) 10-16 nurses‡ ...	£250, rising by annual incre- ments of £10 to £300, fol- lowed by one further in- crement of £5 to £305.	£120	£370-£425
(iii) 6-9 nurses‡ ...	£230, rising by annual incre- ments of £10 to £280.	£120	£350-£400
(b) In a Non-training Home with			
(i) 10 or more nurses§	£190, rising by annual incre- ments of £10 to £240, with one additional increment of £10 after 10 years' service on the scale, and a further in- crement of £10 after 15 years' service on the scale. An additional allowance of £10 is payable throughout, if she has successfully com- pleted an approved course of district training.	£120	£310-£390
(ii) 6-9 nurses§ ...	£170, rising by annual incre- ments of £10 to £220, with one additional increment of £10 after 10 years' service on the scale, and a further increment of £10 after 15 years' service on the scale. An additional allowance of £10 is payable throughout, if she has successfully com- pleted an approved course of district training.	£120	£290-£370
<i>Assistant Superintendent of District Nurses Home† having successfully com- pleted approved course of district training </i>			
(a) Where more than one employed in District Nursing Training Home.			
(i) Senior Assistant ...	£190, rising by annual incre- ments of £10 to £240.	£110	£300-£350
(ii) Other Assistants...	£170, rising by annual incre- ments of £10 to £210.	£110	£280-£320

* For definition of emoluments in the case of residential staff see footnote to page 16.

† See Note 1 to this Table in regard to the qualifications of Superintendents and Assistant Superintendents of District Nurses Homes; and Note 2 for extra payment where midwifery is regularly undertaken.

‡ For method of calculating nurses for this purpose, and for position where a district nursing training home is also an institution approved for the training of pupil midwives, see Note 3 to this Table.

§ For method of calculating nurses for this purpose, see Note 3 to this Table.

|| See Note 4 to this Table for Assistant Superintendent who has not successfully completed approved course of district training.

Post (1)	Recommended Annual Salary (exclusive of emoluments) (2)	Total Value of Annual Emolu- ments (for superannuation purposes) (3)	Total Value of Salary and Emoluments [Col. (2) plus Col. (3)] (4)
(b) Where only one employed.			
(i) In District Nursing Training Home.	£180, rising by annual increments of £10 to £230.	£110	£290-£340
(ii) In Non-training Home.	£170, rising by annual increments of £10 to £220.	£110	£280-£330
<i>Senior District Nurse¶ of Home with 3-5 nurses.</i>			
(a) S.R.N. and S.C.M. having successfully completed approved course of district training.	£140, rising by annual increments of £10 to £200.	£100	£240-£300
(b) S.R.N. and S.C.M. only	£130, rising by annual increments of £10 to £190.	£100	£230-£290
<i>District Nurse Midwife**</i>			
(a) S.R.N. and S.C.M. having successfully completed approved course of district training.	£140, rising by annual increments of £10 to £200.	£100	£240-£300
(b) S.R.N. and S.C.M. only.	£130, rising by annual increments of £10 to £190.	£100	£230-£290
<i>District Nurse**</i>			
(a) S.R.N. having successfully completed approved course of district training.	£120, rising by annual increments of £10 to £180.	£100	£220-£280
(b) S.R.N. only	£110, rising by annual increments of £10 to £170.	£100	£210-£270
<i>Student District Nurse</i> (S.R.N. or S.R.N. and S.C.M.)	£80	£75	£155
<i>Village Nurse Midwife</i> (S.C.M. only)	£110, rising by annual increments of £10 to £170.	£90	£200-£260
<i>Village Nurse Midwife undergoing district training. ...</i>	£60	£75	£135

Notes to Table V

1. *Qualification of Superintendents and Assistant Superintendents of District Nurses Home.*—We have provided for a difference in some cases between the salaries of Superintendents or Assistant Superintendents who have successfully completed an approved course of district training and those who have not. We wish to make it clear, however, that we are of opinion that only nurses who have successfully completed such a course should in future be appointed to these posts.

2. *Additional payment to Superintendent, Assistant Superintendent, and Senior District Nurse, where midwifery regularly undertaken.*—If midwifery is regularly undertaken at a District Nurses Home, the scale of salary of the Superintendent and Assistant Superintendent or of the Senior District Nurse, as the case may be, shall be increased by £10 throughout.

3. *Nurses to be counted for purpose of determining salary of Superintendent of District Nurses Home; and position where Home is District Nursing Training Home and also approved for training of pupil midwives.*—Our recommendations provide that the salary of a Superintendent of a District Nurses Home shall be determined by the number of nurses accommodated in the Home. In calculating the number of nurses for this purpose, all nursing staff, including student district nurses and pupil midwives, should be counted.

¶ See Note 2 for extra payment where midwifery is regularly undertaken; and Note 5 for additional allowance if required to possess health visitors' qualification.

** See Note 5 to this Table for additional allowance if required to possess health visitors' qualification.

If a District Nurses Home is a District Nursing Training Home and also an institution approved for the training of pupil midwives, we **recommend** that the salary for the Superintendent shall be that recommended by the Midwives Salaries Committee for the Superintendent or Sister-in-Charge of a District Midwives Home, if that is higher than the salary under Table V. The staff to be counted as midwives, for the purpose of comparing the scales recommended by the Midwives Salaries Committee, should be all staff undertaking midwifery.

4. *Assistant Superintendents of District Nurses Homes who have not undergone Approved Course of District Training.*—We set out in the above Table recommendations in respect of Assistant Superintendents of District Nurses Homes who have successfully completed an approved course of district training. Where an Assistant Superintendent has not successfully completed such a course, we **recommend** that her scale of salary shall be reduced by £10 throughout. See Note 1 in this connection.

5. *Allowance to Senior District Nurses, District Nurse Midwives, or District Nurses, for Health Visitors' qualification.*—If a Senior District Nurse, a District Nurse Midwife, or a District Nurse is *required* by her employing authority to possess the Health Visitors' Certificate, or the Diploma issued under the Board of Education (Health Visitors' Training) Regulations, 1919, she shall receive, in addition to the appropriate scale, an allowance throughout of £10.

TABLE VI.

DOMICILIARY NURSES NOT RESIDENT IN DISTRICT NURSES HOMES (OTHER THAN SUPERINTENDENTS AND ASSISTANT SUPERINTENDENTS OF COUNTY NURSING ASSOCIATIONS).

Part A—Domiciliary Nurse practising from premises rented or owned by the Nurse, with the approval of the employing authority.

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
<i>District Nurse Midwife—</i>	
(a) S.R.N. and S.C.M., having successfully completed approved course of district training.	£260, rising by annual increments of £10 to £340.
(b) S.R.N. and S.C.M. only ...	£240, rising by annual increments of £10 to £310.
<i>District Nurse—</i>	
(a) S.R.N. having successfully completed approved course of district training.	£230, rising by annual increments of £10 to £300.
(b) S.R.N. only	£220, rising by annual increments of £10 to £290.
<i>Village Nurse Midwife—</i>	
S.C.M. only ...	£210, rising by annual increments of £10 to £270.

Notes to Part A of Table VI

1. *Additional payments for London and Metropolitan Police District for domiciliary nurses covered by Part A only.*—We **recommend** that the staff covered by Part A of Table VI who work in (a) London, or (b) the Metropolitan Police District shall receive, in addition to the salaries laid down in the Table, a payment of (a) £30 a year, if they are employed within the Administrative County of London, or (b) £15 a year if employed in the Metropolitan Police District outside the County of London; provided that a District Nursing Association, which serves partly the Administrative County of London and partly some other part of the Metropolitan Police District shall have discretion to pay either the £30 or the £15 allowance to all the staff covered by Part A who are in their service, or the £30 allowance to those working in certain parts of their area only and the £15 allowance to those working elsewhere; and provided also that a District Nursing Association which serves partly the Metropolitan Police District (outside the Administrative County) and partly an area outside the Metropolitan Police District shall have discretion to pay the £15 allowance to all the staff covered by Part A who are in their service to those working in certain parts of their area only, or to none.

2. If a domiciliary nurse is required to provide, in the premises which she owns or rents, a room for professional purposes, we **recommend** that an appropriate payment shall be made by the employing authority to the nurse; the amount of the payment to be settled between the authority and the nurse.

3. *Allowance for Health Visitors' qualification.*—A District Nurse Midwife or a District Nurse who is *required* by her employing authority to hold the Health Visitors' Certificate, or the Diploma issued under the Board of Education (Health Visitors' Training) Regulations, 1919, shall be entitled to an additional allowance annually of £10 throughout her scale.

Part B—Domiciliary Nurse Practising from Furnished or Unfurnished House or Rooms Provided by the Employing Authority.

We **recommend** that the salary to be paid to domiciliary nurses practising from furnished or unfurnished houses or rooms provided by a District Nursing Association shall be the same as in Part A, and that the following charges (including rates) shall be made to the staff for the services provided by the employing authority—

- (a) for unfurnished house or rooms—£26 a year;
- (b) for furnished house or rooms—£52 a year;
- (c) for board, lodging and attendance—£78 a year where the nurse is living alone or not more than two nurses are living together. Where three or more nurses are living together and are provided with full emoluments by their employing authority, they should be regarded as falling under Table V.

We are of opinion that a domiciliary nurse must have at least two rooms to live in and that there must be provision for storing and sterilising equipment and for interviewing patients.

Note :—The additional allowance payable in the Metropolitan Police District to domiciliary nurses covered by Part A is *not* payable to those covered by Part B; but the additional allowance of £10 payable to those required to possess the Health Visitors' Certificate or Diploma *is* payable to those covered by Part B as well as to those covered by Part A.

87. **Uniform and Professional Expenses.**—We **recommend** that employing authorities shall provide for domiciliary nurses the following services, or reimburse reasonable expenditure incurred by the nurse in providing them:—

- (a) Professional equipment and stationery.
- (b) Medical supplies.
- (c) Uniform required to be worn.
- (d) Professional laundry.
- (e) The installation and maintenance of a telephone if the employing authority require the nurse to have one.

This recommendation is intended to apply, so far as is appropriate, to Superintendents and Assistant Superintendents of County Nursing Associations, as well as other domiciliary midwives, e.g., if the Superintendent or Assistant Superintendent is required by her employing authority to wear uniform, the authority shall provide the uniform.

88. In the case of domiciliary nurses resident in a District Nurses Home, a valuation of the provision of uniform has been included in the valuation of the emoluments. For non-resident domiciliary nurses (including Superintendents and Assistant Superintendents of County Nursing Associations) we **recommend** that uniform provided by the employing authority shall be valued annually at £12 for superannuation purposes.

89. **Transport.**—We **recommend** that the employing authority shall either provide domiciliary nurses with the means of transport which they require them to use or reimburse approved travelling expenses incurred by them in the discharge of their duties.

90. **Transfers and Promotions.**—We **recommend** that:—

- (1) A domiciliary nurse accommodated in a District Nurses Home (Table V) who transfers in the same grade from one post to another where the same scale is in force for the grade, and who continues to be so accommodated, shall continue to progress on the salary scale in accordance with

her length of service. The service accruing for increment in the first post shall be taken into account in determining qualification for increment; the nurse will thus continue on the same scale as if she had remained in the same post.

(2) A district nurse midwife, district nurse, or village nurse midwife employed in a post where she is not accommodated in a District Nurses Home (Table VI), who transfers in the same grade to a post where she is so accommodated (Table V), shall be placed at the appropriate point on the new scale as if she had been employed throughout under her new conditions, i.e., full account will be taken of the previous service in these grades in determining commencing salary. The same principle will not necessarily apply to transfers in the reverse direction; in such cases the employing authority shall have discretion to decide what account to take of the previous service.

(3) In the case of transfers to London or the Metropolitan Police District from elsewhere, the nurse shall, if she goes to a post for which an additional allowance is payable (see Note 1 to Table IV and Note 1 to Table VI Part A), automatically receive the appropriate additional allowance. Where the transfer is in the reverse direction she shall automatically lose the allowance.

(4) A senior district nurse, district nurse midwife, or district nurse possessing the Health Visitors' Certificate or the Diploma issued under the Board of Education (Health Visitors' Training) Regulations, 1919, who transfers from a post where she was not required to possess the Certificate or Diploma to a similar post where she is so required, shall automatically receive the additional annual allowance of £10. If the transfer is in the reverse direction, she shall automatically lose the allowance.

(5) A superintendent or assistant superintendent of a District Nurses Home or a superintendent or assistant superintendent of a County Nursing Association who transfers to a similar post elsewhere for which a *lower* scale is in force shall, if she was before transfer already receiving a higher salary than the maximum of the new scale, be placed forthwith at the maximum of the new scale; if she was receiving less than the maximum of the new scale, she shall retain her existing salary and be brought to the next higher point of the new scale on the next incremental date. If she transfers to a similar post for which a *higher* scale is in force, the arrangements in (6) or (7) below will apply.

(6) A domiciliary nurse promoted to a new scale, the minimum of which is lower than the salary she was previously receiving, shall start on that scale at the point equal to her previous salary, or, if there is no exactly equal point, at the next higher point. This applies whether the promotion is in the service of the same or a different authority.

(7) A domiciliary nurse promoted to a new scale, the minimum salary for which is equal to, or greater than the salary she was receiving before promotion, shall start at the minimum of the new scale.

91. Transfers to Domiciliary Nursing from other Nursing Service.—We are of opinion that when a nurse who has been employed in some other nursing service takes up domiciliary nursing it must be left to the discretion of the employing authority to decide whether any account should be taken of the previous service in determining the point on the scale at which the nurse will commence.

92. Annual Increments: Breaks in Service: Acting Rank.—The recommendations in paragraphs 45, 47 and 48 of our First Report about annual

increments, breaks in service and acting rank shall apply to domiciliary nurses, with the modification recommended in paragraph 54 above.

93. **Hours of Duty and Off-duty.**—We do not think it is practicable in present circumstances, having regard to the shortage of district nurses and the varying local conditions, to prescribe rigid working hours for district nurses. We are of opinion, however, that the objective should be as soon as practicable to give every district nurse at least one consecutive period of 24 hours in every week when she is free from duty and not on call. Where nurses are working single-handed and regular weekly off-duty is impracticable, we are of opinion that when circumstances permit, adequate relief staffs should be employed, so that the nurses may be assured of an accumulated period off-duty equivalent to the off-duty time of nurses who can regularly take their off-duty.

94. **Holidays.**—We **recommend** that domiciliary nurses shall have four weeks annual leave with pay. It is not intended that public holidays should be granted in addition.

During annual leave a holiday allowance of 15s. a week shall be paid to staff covered by Table V. No holiday allowance shall be paid to staff covered by Tables IV and VI, since their salary is inclusive.

95. **Post-Certificate Leave.**—So far as we are aware, few suitable post-certificate refresher courses for domiciliary nurses have been held. We regard it as most desirable that such courses should be held and, when they are established, we **recommend** that employing authorities should grant those domiciliary nurses for whom the courses are approved as suitable by the Ministry of Health, special paid leave at intervals not exceeding five years to attend the courses. The employing authority shall pay the tuition fees and travelling expenses of the nurses granted leave for this purpose. If the nurse is receiving a resident salary and is entitled to maintenance in addition, the employing authority shall pay for her board and lodging while she is undergoing the course. If, however, the nurse is receiving an inclusive non-resident salary, she shall herself pay for her board and lodging.

96. **Sick Pay.**—We **recommend** that, during sickness, all grades of domiciliary nurses shall receive, in any period of 12 months, sick pay for at least the periods shown in the tables below, subject, in the case of compulsory contributors, to deduction of any statutory sickness or disablement benefit payable under the National Health Insurance Acts:—

During the first year—1 month's full pay and (after 4 months' service) 2 months' half pay.

During second year—2 months' full pay and 2 months' half pay.

During third year and thereafter—3 months' full pay and 3 months' half pay.

These periods are minima, and each employing authority will have discretion to extend them in individual cases.

Resident staff, i.e., those covered by Table V, will receive an allowance of 15s. a week during periods of sick leave on full pay and 7s. 6d. a week during periods of sick leave on half pay, except where the absence is for less than a continuous week, in which case the allowances will not be payable. Non-resident staff, i.e., those covered by Table IV and Table VI (Part A or Part B), will not receive any additional allowance during sick leave; they would draw their full inclusive salary during sick leave on full pay and half that salary during sick leave on half pay.

While on half pay the nurse should continue to make her full contribution towards superannuation, where this is possible.

E. SALARIES AND EMOLUMENTS OF STATE REGISTERED NURSES IN RESIDENTIAL AND DAY NURSERIES.

97. **General.**—This Section contains our recommendations relating to State Registered nurses employed in residential and day nurseries; for other staff employed on nursing duties in nurseries we do not feel we are in a position to frame recommendations.

98. By *residential nurseries* we mean nurseries where children up to five years of age are resident and where accommodation is provided for not fewer than 15 children.* By *day nurseries* we mean nurseries where children up to five years of age are accommodated only for part of the day, usually while their mothers are working and where accommodation is provided for not fewer than 20 children;* we include among these nurseries the “day and night nurseries”, which are open day and night to provide for the children of women on night shifts as well as of those who work during the day.

99. The nurse employed in a hospital is engaged in tending the sick or injured, and in nursing them back to health. The nurse employed in a nursery is engaged in looking after healthy babies and young children; at the same time, she must watch out for any signs of ill-health or infection, and be competent to nurse the babies and children who fall ill until, if necessary, arrangements to remove them elsewhere for treatment have been made. Parents expect their children to receive every possible care; and the work of the senior nursing staff at a nursery, involves considerable responsibility.

100. The matron of a nursery should have had, before her appointment, experience in the care of healthy children in a nursery or other institution where healthy children are cared for. We recognise that in the past it has not been possible, owing to a shortage of nurses with such experience, to insist upon it generally as a condition of appointment. We are of opinion, however, that in future, as from such date as you may determine, a nurse should not be appointed to a post as Matron unless she has had at least six months experience in this work; and we **recommend** also that you should give consideration to the establishment of a suitable course of training in the care of healthy children, with provision for the grant to successful candidates of a certificate, possession of which will be recognised as a qualification for a post as matron or deputy matron of a nursery.

101. The number of nurseries before the war was relatively small. Since the outbreak of war, there has been a large increase in the number. In particular the number of day nurseries has increased. In every part of the country new day nurseries have been opened for the benefit of women undertaking war work, who have young children to be looked after while they are at work.

102. **Definitions.**—We define below the nurses with which this Section is concerned.

103. A *Matron* of a residential or day nursery is a general State Registered nurse or a nurse on the supplementary part of the State Register for Sick Children's Nurses who is the head officer of the nursery and is responsible for the care, and, where necessary, the nursing of the children.

104. A *Deputy Matron* of a residential or day nursery is a general State Registered nurse or a nurse on the supplementary part of the State Register for Sick Children's Nurses who is employed whole-time to assist the matron, and in her absence, deputise* for her.

* See Note 4 to Table VII, Note 4 to Table VIII Part A, and Note 3 to Table VIII Part B, for any cases where there are residential nurseries with accommodation for fewer than 15 children and day nurseries with accommodation for fewer than 20 children, and there is a State Registered nurse in charge.

105. *A Staff Nurse* in a residential or day nursery is a general State Registered nurse or a nurse on the supplementary part of the State Register for Sick Children's Nurses who is employed whole-time on the care and nursing of the children.

106. **Salaries and Emoluments.**—We set out in Tables VII and VIII below our recommended scales. Table VII relates to residential* nurseries, Table VIII Part A to non-resident staff employed in day nurseries, and Table VIII Part B to matrons and deputy matrons of day nurseries who are required by their employing authority to be resident.*

TABLE VII. STAFF EMPLOYED IN RESIDENTIAL NURSERIES.

Post (1)	Recommended Annual Salary (2)	Total Value of Annual Emolu- ments (3)	Total Value of Salary and Emoluments [Col. (2) plus Col. (3)] (4)	Value of Emoluments provided by Nursery for Non- Residents (5)	Living-out allowance [Col. (3) minus Col. (5)] (6)
<i>Matron—</i>					
<i>(a) If nursery trains for Nursery Nurses Diploma—</i>					
(i) 40 or more children.	£170, rising by annual increments of £10 to £240.	£100	£270–£340	£30	£70
(ii) 15–39 children	£150, rising by annual increments of £10 to £220.	£100	£250–£320	£30	£70
<i>(b) If the nursery is non-training—</i>					
(i) 40 or more children.	£150, rising by annual increments of £10 to £220.	£100	£250–£320	£30	£70
(ii) 15–39 children	£130, rising by annual increments of £10 to £200.	£100	£230–£300	£30	£70
<i>Deputy Matron—</i>					
<i>(a) If nursery trains for Nursery Nurses Diploma—</i>					
(i) 40 or more children.	£140, rising by annual increments of £10 to £210.	£100	£240–£310	£30	£70
(ii) 15–39 children	£120, rising by annual increments of £10 to £190.	£100	£220–£290	£30	£70
<i>(b) If the nursery is non-training—</i>					
(i) 40 or more children.	£120, rising by annual increments of £10 to £190.	£100	£220–£290	£30	£70
(ii) 15–39 children	£110, rising by annual increments of £10 to £170.	£100	£210–£270	£30	£70
<i>Staff Nurse—</i>	£100, rising by annual increments of £10 to £140.	£90	£190–£230	£25	£65

* For definition of emoluments in the case of residential staff, see footnote to page 16.

Notes to Table VII

1. *Staff required to live out.*—If an employing authority require a nurse in a residential nursery to live out, they should find the accommodation for her, and pay the full cost making no cash payment to her; see paragraph 33 of First Report.

2. *Staff permitted to be non-resident.*—If a nurse in a residential nursery is permitted to live away from the nursery at her own request, she should receive the appropriate living-out allowance; see paragraphs 34 and 38 of First Report. Paragraph 38 of that Report explains the meaning of columns (3), (5) and (6) in the above Table.

3. *Number of children for purpose of determining salary of matron or deputy matron.*—The number of children for the purpose of determining the salary of the matron or deputy matron, shall be the number of places ordinarily available for the reception of children and shall be subject to periodical review.

4. *Nurse-in-Charge of residential nursery with accommodation for fewer than 15 children.*—Where a general State Registered nurse, or a nurse on the supplementary part of the State Register for Sick Children's nurses, is in charge of a residential nursery with accommodation for fewer than 15 children, we **recommend** that she shall be paid on the scale recommended for a staff nurse, increased throughout by £20, i.e., £120 × £10 — £160; her emoluments will be as for a staff nurse.

TABLE VIII.

PART A.—NON-RESIDENT STAFF EMPLOYED IN DAY NURSERIES.

Post (1)	Annual Salary (inclusive of emoluments) (2)
<i>Matron—</i>	
(a) If nursery trains for Nursery Nurses Diploma—	
(i) 60 or more children ...	£260, rising by annual increments of £10 to £330.
(ii) 30–59 children ...	£250, rising by annual increments of £10 to £320.
(iii) 20–29 children ...	£240, rising by annual increments of £10 to £310.
(b) If the nursery is non-training—	
(i) 60 or more children ...	£240, rising by annual increments of £10 to £310.
(ii) 30–59 children ...	£230, rising by annual increments of £10 to £300.
(iii) 20–29 children ...	£220, rising by annual increments of £10 to £290.
<i>Deputy Matron—</i>	
(a) If nursery trains for Nursery Nurses Diploma—	
(i) 60 or more children ...	£230, rising by annual increments of £10 to £280.
(ii) 30–59 children ...	£220, rising by annual increments of £10 to £270.
(iii) 20–29 children ...	£210, rising by annual increments of £10 to £260.
(b) If the nursery is non-training—	
(i) 60 or more children ...	£210, rising by annual increments of £10 to £260.
(ii) 30–59 children ...	£200, rising by annual increments of £10 to £250.
(iii) 20–29 children ...	£190, rising by annual increments of £10 to £240.
<i>Staff Nurse</i> ...	£190, rising by annual increments of £10 to £230.

Notes to Table VIII. Part A

1. *Additional payments for London and Metropolitan Police District for nursery staff covered by Part A only of this Table.*—We **recommend** that the staff covered by Part A of Table VIII who work in (a) London or (b) the Metropolitan Police District shall receive, in addition to the salaries laid down in the Table, a payment of (a) £30 a year if they are employed within the Administrative County of London or (b) £15 a year, if employed in the Metropolitan Police District outside the County of London; provided that an employing authority whose administrative boundaries are only partly within the Metropolitan Police District shall have discretion to pay the additional allowance to all the staff covered by Part A who are in their service, to those working in certain parts of their area only, or to none.

2. *Number of children for purpose of determining salary of matron or deputy matron.*—The number of children, for the purpose of determining the salary of the matron or deputy matron, shall be the number of places ordinarily available for the reception of children and shall be subject to periodical review.

3. *Meals on Duty.*—Meals on duty (whatever the number) should be provided daily to the staff covered by Table VIII Part A, and an annual deduction of £25 should be made for this service.

4. *Nurse-in-Charge of day nursery with accommodation for fewer than 20 children.*—Where a general State Registered nurse, or a nurse on the supplementary part of the State Register for Sick Children's nurses, is in charge of a day nursery with accommodation for fewer than 20 children and is non-resident, we **recommend** that she shall be paid on the scale recommended for a staff nurse, increased throughout by £20, i.e., £210 × £10 — £250.

PART B.—MATRONS AND DEPUTY MATRONS OF DAY NURSERIES REQUIRED BY THEIR EMPLOYING AUTHORITY TO BE RESIDENT.

Post (1)	Recommended Annual Salary (2)	Total Value of Annual Emoluments (3)	Total Value of Salary and Emoluments [Col. (2) plus Col. (3)] (4)
<i>Matron—</i>			
(a) If nursery trains for Nursery Nurses Diploma—			
(i) 60 or more children	£150, rising by annual increments of £10 to £220.	£100	£250—£320
(ii) 30–59 children ...	£140, rising by annual increments of £10 to £210.	£100	£240—£310
(iii) 20–29 children ...	£130, rising by annual increments of £10 to £200.	£100	£230—£300
(b) If the nursery is non-training—			
(i) 60 or more children	£130, rising by annual increments of £10 to £200.	£100	£230—£300
(ii) 30–59 children ...	£120, rising by annual increments of £10 to £190.	£100	£220—£290
(iii) 20–29 children ...	£110, rising by annual increments of £10 to £180.	£100	£210—£280
<i>Deputy Matron—</i>			
(a) If nursery trains for Nursery Nurses Diploma—			
(i) 60 or more children	£130, rising by annual increments of £10 to £180.	£100	£230—£280
(ii) 30–59 children ...	£120, rising by annual increments of £10 to £170.	£100	£220—£270
(iii) 20–29 children ...	£110, rising by annual increments of £10 to £160.	£100	£210—£260
(b) If the nursery is non-training—			
(i) 60 or more children	£110, rising by annual increments of £10 to £160.	£100	£210—£260
(ii) 30–59 children ...	£100, rising by annual increments of £10 to £150.	£100	£200—£250
(iii) 20–29 children ...	£90, rising by annual increments of £10 to £140.	£100	£190—£240

Notes to Table VIII. Part B

1. *London and Metropolitan Police District.*—The additional allowance payable in London and the Metropolitan Police District to nurses covered by Part A is *not* payable to those covered by Part B.

2. *Number of children for purpose of determining salary of matron or deputy matron.*—The method of determining the number of children for the purpose of fixing the salary of the matron or deputy matron shall be as in Note 2 to Part A of this Table.

3. *Nurse-in-Charge of day nursery with accommodation for fewer than 20 children.*—Where a general State Registered nurse, or a nurse on the supplementary part of the State Register for Sick Children's nurses, is in charge of a day nursery with fewer than 20 children, and is required by her employing authority to be resident, we **recommend** that she shall be paid on the scale of £120 × £10 — £160, and that her emoluments shall be valued at £90.

107. **Uniform.**—In the case of staff who are resident in nurseries, the valuation of their emoluments includes an amount for the use and laundering of uniform. As regards non-resident staff, we **recommend** that the employing authority shall provide matrons who are non-resident with uniform to the initial value of £10 and annual replacements to the value of £5; and that for other non-resident staff the employing authority shall provide and launder overalls, the value of these services to be taken for superannuation purposes, as £5 annually.

108. **Transfers and Promotions.**—We **recommend** that:—

(1) A nurse employed in a nursery who transfers, without changing her grade, from one nursery to another, where the same scales are in force for that grade, shall continue to progress on the salary scale in accordance with her length of service. Service accruing for increment at the first nursery shall be taken into account in determining qualification for increment; the nurse will thus continue on the same scale as if she had remained in the same nursery.

(2) A non-resident matron or deputy matron of a day nursery who transfers to a similar position in another day nursery, where a higher scale is in force (e.g., where the transfer is from a smaller to a larger nursery, or from a non-training to a training nursery) shall, if the minimum commencing salary of the new post is less than the salary she had been receiving, start on the new scale at the point equal to her salary before transfer, or if there is no exactly equal point, at the next higher point. If she transfers to a similar position in another day nursery where a lower scale is in force, she shall, if she was before transfer already receiving a higher salary than the maximum of the new scale, be placed forthwith at the maximum of the new scale; if she was receiving less than the maximum of the new scale, she shall retain her existing salary and be brought to the next higher point on the new scale on the next 1st April. The same principles shall apply when a resident matron or deputy matron of a day nursery transfers to a similar position in another day nursery, or when the matron or deputy matron of a residential nursery transfers to a similar position in another residential nursery.

(3) A nurse in a day nursery promoted in the same or a different day nursery to a new scale, the minimum of which is lower than the salary she was previously receiving, shall start on that scale at the point equal to her previous salary, or if there is no exactly equal point, at the next higher point. If the minimum of the new scale is equal to, or higher than, the salary she was previously receiving, she shall start at the minimum of the new scale. The same principles shall apply to the promotion of a nurse in a residential nursery to another position in the same or a different residential nursery.

(4) In the case of transfers to London or the Metropolitan Police District from elsewhere, the nurse shall, if she goes to a post for which an additional allowance is payable (see Note 1 to Table VIII, Part A), automatically receive the appropriate additional allowance. Where the transfer is in the reverse direction, she shall automatically lose the allowance.

(5) In the case of transfers or promotions from a residential nursery to a day nursery or vice versa, or transfers from some other nursing employment to a service in a day or residential nursery, we are of opinion that it must be left to the discretion of the employing authority to decide what account, if any, to take of previous service in determining the point on the new scale at which the nurse is to start.

109. **Annual Increments: Breaks in Service: Acting Rank.**—We **recommend** that the recommendations made in paragraphs 45, 47 and 48 of our First

Report as to annual increments, breaks in service, and acting rank, shall apply to nurses employed in the nurseries, with the modification mentioned in paragraph 54 above.

110. Hours of Duty.—We do not feel it is practicable or necessary to make any specific recommendations about the hours of duty of nurses employed in nurseries.

111. Holidays.—We **recommend** that nurses employed in residential nurseries shall have four weeks annual leave with pay; and that nurses employed in day nurseries shall have three weeks annual leave with pay in addition to paid leave on the usual public holidays.*

During annual leave a holiday allowance of 15s. a week shall be paid to resident staff, including nurses employed in residential nurseries who are required by their employing authority to live out (see Note 1 to Table VII).

During annual leave a holiday allowance of 10s. a week shall be paid to non-resident staff employed in residential nurseries who have been permitted to live away from the nurseries at their own request, and who receive the living-out allowance referred to in Column (6) of Table VII (see Note 2 to that Table).

112. Leave to attend Refresher Courses.—We **recommend** that employing authorities shall grant trained nursing staff employed in nurseries special paid leave at intervals not exceeding five years to attend refresher courses which are approved by the Ministry of Health as suitable for the staff concerned. The employing authority shall pay the tuition fees and travelling expenses of the nurses concerned. If the nurse is receiving a resident salary and is entitled to maintenance in addition, the employing authority shall pay for her board and lodging while she is undergoing the course. If, however, the nurse is receiving an inclusive non-resident salary she shall herself pay for her board and lodging.

113. Sick Pay.—We **recommend** that, during sickness, nurses employed in nurseries shall receive, in any period of 12 months, sick pay for at least the periods shown in the tables below, subject, in the case of compulsory contributors, to deduction of any statutory sickness or disablement benefit payable under the National Health Insurance Acts:—

During the first year—1 month's full pay and (after 4 months' service) 2 months' half pay.

During the second year—2 months' full pay and 2 months' half pay.

During third year and thereafter—3 months' full pay and 3 months' half pay.

These periods are minima, and each employing authority will have discretion to extend them in individual cases.

Resident staff,† i.e., those covered by Table VII and Table VIII, Part B, will receive an allowance of 15s. a week during periods of sick leave on full pay and 7s. 6d. a week during periods of sick leave on half pay, except where the absence is for less than a continuous week, in which case the allowances will not be payable. Nurses in a residential nursery who are permitted to be non-resident (Note 2 to Table VII) will receive in addition to their salary and living-out allowance, an allowance of 10s. a week during periods of sick leave on full pay, and 5s. a week during periods of sick leave on half pay, subject to the same exception. No allowance is payable if a nurse is being

* Paid leave on the usual public holidays, in addition to three weeks annual leave, will mean, that nurses in day nurseries will receive in all the equivalent of four weeks' annual leave like the nurses in residential nurseries.

† "Resident" staff includes staff in residential nurseries who are required by their employing authority to live out.

provided by her employing authority with in-patient treatment or if the authority has arranged for its provision free.

Non-resident staff covered by Table VIII, Part A, will not receive any additional allowance during sick leave; they would draw their inclusive salaries during sick leave on full pay and half those salaries during sick leave on half pay.

While on half pay the nurse should continue to make her full contribution towards superannuation, where this is possible. It is understood that this is not at present practicable in local government service generally, under the provisions of the Local Government Superannuation Acts.

SUMMARY OF RECOMMENDATIONS.

Our general recommendations about salaries and emoluments are set out in the Tables and Notes which follow paragraphs 22, 49, 86 and 106 and which are summarised in Appendix I. The following is a summary of our other principal recommendations and expressions of opinion. Reference should be made to the Report itself for fuller details.

MISCELLANEOUS.

Part-time Nurses.

(1) Nurses employed part-time shall be paid salary and emoluments *pro rata* to the average number of hours worked weekly by whole-time staff of the same grade in the same service (paragraph 6).

MALE NURSES.

Uniform.

(2) Employing authorities shall provide indoor uniforms for the use of their male nurses and launder them free of charge. These services shall for superannuation purposes be valued annually at £5. Employing authorities shall also make available any necessary protective clothing (paragraph 23).

Charges for Meals on Duty.

(3) The rates recommended in Tables I and II are inclusive rates. If an employing authority provides meals on duty or lodging, appropriate charges at the discretion of the authority shall be made (paragraph 24).

Allowances for Additional Qualifications.

(4) All male nurses (other than Qualified Male Tutors) who possess a *Diploma in Nursing* shall receive an additional £5 a year (paragraph 25).

Hours of Work, Night Duty, Holidays and Leave.

(5) The rates of pay for male nurses are inclusive, and no cash allowances additional to salary are payable during holidays (paragraph 52 of First Report). With this exception, the recommendations made in paragraphs 50-52 of the First Report shall apply (paragraph 27).

Sick Pay.

(6) The minimum periods of sick pay in any period of 12 months shall be:—

During first year—1 month's full pay and (after 4 months' service) 2 months' half pay.

During second year—2 months' full pay and 2 months' half pay.

During third year and thereafter—3 months' full pay and 3 months' half pay.

Hospital authorities have discretion to extend these periods in individual cases.

Sick pay is subject, in the case of compulsory contributors, to deduction of any statutory sickness or disablement benefit payable under the National Health Insurance Acts.

While on half pay the nurse should continue to make his normal contribution towards superannuation on his full salary where this is possible (paragraph 26).

NURSES EMPLOYED IN THE PUBLIC HEALTH SERVICES.

Combined Posts of Health Visitor, Child Protection Visitor, Tuberculosis Visitor and School Nurse.

(7) A number of local authorities employ whole-time officers to carry out the duties of health visitor, child protection visitor, tuberculosis visitor and school nurse (or any two or three of these posts) in combination. The holder of such a post shall be remunerated on the scale applicable to the *highest paid* of the combined posts she holds, provided she has the necessary qualifications (paragraph 45).

Uniform.

(8) Employing authorities shall provide uniforms free for all staff covered by this Section who are required to wear uniform; and for non-resident nurses the uniform shall, for superannuation purposes, be valued annually at £12 (paragraph 50).

Allowance for Office Accommodation at Home.

(9) Where a non-resident nurse is required, for the purpose of carrying out her duties, to use a room in her home as an office and incurs expenditure thereby, the authority shall make an appropriate payment to the nurse; the amount to be settled by the authority with the nurse (paragraph 51).

Transport.

(10) The employing authority shall either provide the nurse with the means of transport which they require her to use or reimburse approved travelling expenses incurred by her in the discharge of her duties (paragraph 52).

Annual Leave.

(11) Nurses employed in the public health services (other than school nurses) shall have three weeks annual leave with pay and in addition paid leave on the usual public holidays. School nurses holidays are normally longer than this—a practice which the Committee feel should continue.

During annual leave a holiday allowance of 15s. a week shall be paid to residential school nurses. No holiday allowance shall be paid to non-resident staff, since their salary is inclusive (paragraph 56).

Post-Certificate Leave.

(12) Authorities employing nurses in the public health services shall grant such staff special paid leave at intervals not exceeding five years to attend post-certificate refresher courses approved by the appropriate Government Department as suitable for the category of staff concerned. The employing authority shall pay the tuition fees and travelling expenses of nurses granted leave for this purpose; but the nurses themselves shall pay for their board and lodging, except residential school nurses, who are entitled to maintenance in addition to their resident salary, and for whose board and lodging, therefore, the employing authority shall pay (paragraph 57).

Sick Pay.

(13) The minimum period of sick pay in any period of 12 months shall be:—

During first year—1 month's full pay and (after 4 months' service) 2 months' half pay.

During second year—2 months' full pay and 2 months' half pay.

During third year and thereafter—3 months' full pay and 3 months' half pay.

Employing authorities have discretion to extend these periods in individual cases.

Sick pay is subject, in the case of compulsory contributors, to deduction of any statutory sickness or disablement benefit payable under the National Health Insurance Acts.

The allowances to be paid to a residential school nurse who is not being provided by her employing authority with in-patient treatment are set out in paragraph 58. No allowances additional to salary are payable to non-resident staff.

While on half pay the nurse should continue to make her normal contribution towards superannuation on her full salary, where this is possible (paragraph 58).

Training Grants for Health Visitors.

(14) There are at present various schemes of financial assistance for women who take up training as health visitors. Consideration should, however, be given by the Minister of Health to the whole question of training grants for health visitors, particularly in relation to the proposals now under consideration for revising the curriculum of training of health visitors (paragraph 59).

Qualification for Tuberculosis Visitors.

(15) It is not satisfactory that a three months' experience in tuberculosis nursing, in addition to being a fully trained nurse, should be regarded as a sufficient qualification for a tuberculosis visitor, and the Minister of Health should consider the position (paragraph 60).

Qualification for School Nurses.

(16) The Minister of Health should consider, with the Board of Education, what are the requisite qualifications for school nurses, and the necessary steps to be taken to secure that all new appointments are filled by nurses possessing these qualifications (paragraph 61).

Qualification for Health Visitor Tutors.

(17) The Minister of Health should consider a suggestion that there is a need for a standard curriculum and training for Health Visitor Tutors (Note 3 to Table III).

DOMICILIARY NURSES.

Qualification for District Nurses.

(18) It would be most desirable if all nurses who undertook district nursing had first to undergo an approved course of training. The Minister of Health should, as soon as circumstances permit, take steps to prescribe a statutory qualification for district nurses (paragraph 67).

Publicity.

(19) In all publicity about the nursing service, the importance of district nursing, and the scope and experience which it offers should be emphasised (paragraph 68).

Uniform and Professional Expenses.

(20) Employing authorities shall provide for domiciliary nurses the following services or reimburse reasonable expenditure incurred by the nurse in providing them:—

(a) Professional equipment and stationery.

(b) Medical supplies.

(c) Uniform required to be worn.

(d) Professional laundry.

(e) The installation and maintenance of a telephone if the employing authority require the nurse to have one.

For non-resident domiciliary nurses (including Superintendents and Assistant Superintendents of County Nursing Associations) uniform provided shall for superannuation purposes be valued annually at £12 (paragraphs 87 and 88).

Transport.

(21) The employing authority shall either provide domiciliary nurses with the means of transport which they require them to use or re-imburse approved travelling expenses incurred by them in the discharge of their duties (paragraph 89).

Hours of Duty and Off-duty.

(22) The objective should be as soon as practicable to give every district nurse at least one consecutive period of 24 hours in every week when she is free from duty and not on call. Where nurses are working single-handed and regular weekly off-duty is impracticable, adequate relief staffs, when circumstances permit, should be employed, so that the nurses may be assured of an accumulated period off-duty equivalent to the off-duty time of nurses who can regularly take their off-duty (paragraph 93).

Holidays.

(23) Domiciliary nurses shall have four weeks annual leave with pay. It is not intended that public holidays should be granted in addition. The holiday allowances to be paid to certain resident staff are set out in the Report (paragraph 94).

Post Certificate Leave.

(24) It is most desirable that suitable post-certificate refresher courses for domiciliary nurses should be held, and employing authorities shall grant special paid leave to attend the courses to staff for whom the courses are approved as suitable by the Ministry of Health, at intervals not exceeding five years. The employing authority shall pay the tuition fees and travelling expenses of the nurses granted leave for this purpose, and if the nurse is receiving a resident salary and is entitled to maintenance in addition, the employing authority shall pay for her board and lodging while she is undergoing the course. If, however, the nurse is receiving an inclusive non-resident salary, she shall herself pay for her board and lodging (paragraph 95).

Sick Pay.

(25) The minimum periods of sick pay in any period of 12 months shall be:—

During first year—1 month's full pay and (after 4 months' service) 2 months' half pay.

During second year—2 months' full pay and 2 months' half pay.

During third year and thereafter—3 months' full pay and 3 months' half pay.

Employing authorities have discretion to extend these periods in individual cases.

Sick pay is subject, in the case of compulsory contributors, to deduction of any statutory sickness or disablement benefit payable under the National Health Insurance Acts.

The allowances to be paid to certain resident staff are set out in paragraph 96.

While on half pay the nurse should continue to make her normal contribution towards superannuation on her full salary, where this is possible (paragraph 96).

Qualifications of Superintendents and Assistant Superintendents of District Nurses Homes.

(26) The Committee are of opinion that these posts should be filled only by nurses who have successfully completed an approved course of district training (Note 1 to Table V).

STATE REGISTERED NURSES IN RESIDENTIAL AND DAY NURSERIES.

Appointment and Qualifications of Matrons.

(27) From such date as the Minister of Health may determine, a nurse should not be appointed to a post as matron of a nursery unless she has had at least six months experience in the care of healthy children in a nursery or other institution where healthy children are cared for.

The Minister of Health should give consideration to the establishment of a suitable course of training in the care of healthy children, with provision for the grant to successful candidates of a certificate, possession of which will be recognised as a qualification for a post as matron or deputy matron of a nursery (paragraph 100).

Uniform.

(28) In the case of staff who are resident in nurseries the valuation of their emoluments includes an amount for the use and laundering of uniform. As regards non-resident staff, the employing authority shall provide matrons who are non-resident with uniform to the initial value of £10 and annual replacements to the value of £5; and for other non-resident staff the employing authority shall provide and launder overalls, these services to be valued annually, for superannuation purposes, at £5 (paragraph 107).

Holidays.

(29) Nurses employed in residential nurseries shall have four weeks annual leave with pay. Nurses employed in day nurseries shall have three weeks annual leave with pay and, in addition, paid leave on the usual public holidays.

The holiday allowances to be paid to certain staff are set out in the Report (paragraph 111).

Leave to attend Refresher Courses.

(30) Employing authorities shall grant trained nursing staff employed in nurseries special paid leave at intervals not exceeding five years to attend refresher courses which are approved by the Ministry of Health as suitable for the staff concerned. The employing authority shall pay the tuition fees and travelling expenses of the nurses concerned. If the nurse is receiving a resident salary and is entitled to maintenance in addition, the employing authority shall pay for her board and lodging while she is undergoing the course. If, however, the nurse is receiving an inclusive non-resident salary she shall herself pay for her board and lodging (paragraph 112).

Sick Pay.

(31) The minimum periods of sick pay in any period of 12 months shall be:—

During first year—1 month's full pay and (after 4 months' service) 2 months' half pay.

During second year—2 months' full pay and 2 months' half pay.

During third year and thereafter—3 months' full pay and 3 months' half pay.

Employing authorities have discretion to extend these periods in individual cases.

Sick pay is subject, in the case of compulsory contributors, to deduction of any statutory sickness or disablement benefit payable under the National Health Insurance Acts.

The allowances to be paid to certain staff are set out in paragraph 113.

While on half pay the nurse should continue to make her normal contribution towards superannuation on her full salary, where this is possible (paragraph 113).

INCREMENTS, TRANSFERS, PROMOTIONS, BREAKS IN SERVICE AND ACTING RANK.

(32) The recommendations made in paragraphs 45, 47 and 48 of the First Report as to annual increments, breaks in service and acting rank shall apply to all nurses covered by this Report.

If the recommendation (in paragraph 45 of the First Report) that nurses promoted to a higher grade shall not be entitled to an increment on the 1st April following their promotion, unless they have at that date served at least six months in their new grade, would have the result that a nurse on the 1st April following her promotion would receive a lower salary than she would have received had she not been promoted, she shall be entitled to an increment even if she has served less than six months in her new post (paragraphs 27, 54, 92 and 109).

(33) The procedure on transfer and promotions of male nurses is as set out in paragraph 46 of the First Report, subject to a further point mentioned in paragraph 27 of this Report. The procedure on transfer and promotion of other classes of nurses covered by this Report is set out in:—

- (a) paragraph 53, for nurses employed in the public health services;
- (b) paragraphs 90 and 91, for domiciliary nurses;
- (c) paragraph 108, for State Registered nurses in residential and day nurseries.

APPLICATION OF RECOMMENDATIONS.

(34) The proposals shall take effect as from 1st April, 1943. Nurses taking up a new appointment, or promoted, on or after the date of publication of this Report, shall have our recommendations applied to them as a whole. Those in the service of employing authorities on the date of publication of this Report shall be given the option either—

(a) of accepting as a whole, with retrospective effect to 1st April, 1943, our recommendations for their grade, subject to what is said later, or

(b) of remaining on their existing scale and conditions, though on promotion our recommendations shall apply.

For staff who choose (a), our recommendations as to the valuation of emoluments for superannuation purposes, and as to conditions of service, so far as applicable, shall take effect wholly as from 1st April, 1943. As regards salary, all nurses (other than student nurses and State Registered nurses, or State Certified midwives, undertaking district training) shall receive, as an increase on the salary they were receiving on 1st April, 1943, half the difference between that salary and the salary (to be calculated by reference to previous paid service in their existing grade) which they would have been receiving under the new scales had these scales been in operation throughout their nursing service; provided that no nurse shall receive less than the appropriate minimum fixed by the new scales. On the 1st April, 1944, the nurses shall receive an increase equal to the other half, subject to any adjustment necessitated by the proviso to the previous sentence, and shall receive in addition any increment then due.

Nurses covered by this Report who are undertaking a course of training and who choose alternative (a) shall be placed forthwith on their appropriate point on the scales we propose, as from 1st April, 1943.

Nurses (including those undertaking a course of training) who choose (a) and are on the date of publication of this Report receiving salaries higher than they would have received, had our scales been in operation throughout their nursing service, shall not have their salaries reduced, but shall continue to

receive those salaries (as varied from time to time under existing cost of living bonus arrangements) until by length of service sufficient increments have accrued on the new scales to entitle them to an increase.

“Salary” in this paragraph includes the cash payments made to non-resident nurses in lieu of emoluments.

During the transitional period 1st April, 1943, to 1st April, 1944, a nurse who transfers or is promoted, shall not, generally speaking, be placed in a materially more favourable or less favourable position than one who transferred or was promoted immediately before 1st April, 1943 (paragraph 7).

We are, Sir,

Your obedient Servants,

RUSHCLIFFE (*Chairman*).

Association of Hospital Matrons.

HELEN DEY.

National Association of Administrators of Local Government Establishments.

R. W. RAMSAY.

National Association of Local Government Officers.

H. ALLEN.

A. G. BOLTON.

C. A. W. ROBERTS.

Royal British Nurses Association.

ISABEL MACDONALD.

Royal College of Nursing.

IRENE H. CHARLEY.

I. B. CLUNAS.

FRANCES G. GOODALL.

G. V. HILLYERS.

M. F. HUGHES.

E. O. JACKSON.

FLORENCE TAYLOR.

MARIANNE WENDEN.

MERCY WILMSHURST.

Trades Union Congress.

DOROTHY M. ELLIOTT.

GEO. GIBSON.

HILDA M. GRAY.

*ARTHUR MOYLE.

DORIS E. WESTMACOTT.

A. S. MARRE (*Secretary*).

Association of Municipal Corporations.

CYRIL BANKS.

J. LYTHGOE.

G. W. MARTIN.

E. C. PARR.

British Hospitals Association

(In conjunction with the King Edward's Hospital Fund for London and the Nuffield Trust).

BERNARD DOCKER.

MURIEL M. EDWARDS.

S. CLAYTON FRYERS.

GILBERT PANTER.

S. P. RICHARDSON.

J. P. WETENHALL.

County Councils Association.

W. A. BULLOUGH.

WM. B. CARTWRIGHT.

WYNNE CEMLYN-JONES.

T. O. STEVENTON.

London County Council.

J. W. BOWEN.

W. ALLEN DALEY.

SOMERVILLE HASTINGS.

Queen's Institute of District Nursing.

ELENA RICHMOND.

Rural District Councils Association.

E. A. CROSS.

Urban District Councils Association.

LUTHER BOUCH.

2nd November, 1943.

* Mr. Moyle's signature is subject to the reservation in Appendix II.

APPENDIX I.

This Appendix contains summaries of the Tables in the Second Report. Reference should be made to the Tables in the Second Report themselves for the Committee's full recommendations.

SUMMARY OF TABLE I

Male Nurses (other than Qualified Male Tutors)

Post (1)	Recommended Inclusive Weekly Rates of Pay if employed elsewhere than as in Cols. (3) or (4) (2)	Recommended Inclusive Weekly Rates of Pay if employed in Metropolitan Police District outside Administrative County of London (3)	Recommended Inclusive Weekly Rates of Pay if employed in Administrative County of London (4)
Superintendent Nurse.	116s. × 5s.—136s.	121s. 6d. × 5s.— 141s. 6d.	125s. 6d. × 5s.— 145s. 6d.
Charge or Head Nurse.	106s. × 5s.—126s.	111s. 6d. × 5s.— 131s. 6d.	115s. 6d. × 5s.— 135s. 6d.
Staff Nurse ...	91s. × 5s.—106s.	96s. 6d. × 5s.— 111s. 6d.	100s. 6d. × 5s.— 115s. 6d.
Student Nurse (If 20 years or over)—			
First Year ...	66s.	71s. 6d.	75s. 6d.
Second Year ...	69s.	74s. 6d.	78s. 6d.
Third Year ...	72s.	77s. 6d.	81s. 6d.
Fourth Year (if under 4 years contract)—			
(a) Before State Registration.	76s.	81. 6d.	85s. 6d.
(b) After State Registration.	80s.	85s. 6d.	89s. 6d.
Student Nurse (If under 20 years of age).		See Note 3 to Table 1.	
Assistant Nurse :—			
Category A ...	80s. × 4s.—88s.	85s. 6d. × 4s.— 93s. 6d.	89s. 6d. × 4s.— 97s. 6d.
Category B. (If 20 years or over):—			
First Year ...	66s.	71s. 6d.	75s. 6d.
Second Year	69s.	74s. 6d.	78s. 6d.
Category B. (If under 20 years of age).		See Note 3 to Table 1.	
Categories C & D	78s. × 4s.—86s.	83. 6d. × 4s.— 91s. 6d.	87s. 6d. × 4s.— 95s. 6d.
Category E. (If 20 years or over).	72s.	77s. 6d.	81s. 6d.
Category E. (If under 20 years of age).		See Note 3 to Table 1.	

NOTES :—

(1) *plus* 4s. weekly for superintendent nurses, charge or head nurses, staff nurses and assistant nurses, categories A, C, D, and E, employed in sanatoria, tuberculosis hospitals, or other hospitals with major part of accommodation for treatment of tuberculosis or tuberculosis wards.

(2) (a) *minus* 7s. 6d. weekly for student nurses and assistant nurses Categories B and E who are aged 19, until they reach the age of 20.

(b) *minus* 15s. weekly for student nurses and assistant nurses Categories B and E who are under 19, until they reach the age of 19, when (a) applies.

SUMMARY OF TABLE II

Qualified Male Tutors

Post (1)	Recommended Inclusive Weekly Rates of Pay if employed elsewhere than as in Cols. (3) or (4) (2)	Recommended Inclusive Weekly Rates of Pay if employed in Metropolitan Police District outside Administrative County of London (3)	Recommended Inclusive Weekly Rates of Pay if employed in Administrative County of London (4)
Qualified Male Senior Tutor.	145s. × 6s.—181s.	150s. 6d. × 6s.—186s. 6d.	154s. 6d. × 6s.—190s. 6d.
Qualified Male Tutor in sole charge.	136s. × 5s.—156s.	141s. 6d. × 5s.—161s. 6d.	145s. 6d. × 5s.—165s. 6d.
Qualified Male Assistant Tutor.	126s. × 5s.—146s.	131s. 6d. × 5s.—151s. 6d.	135s. 6d. × 5s.—155s. 6d.

SUMMARY OF TABLE III

Public Health Nurses

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
Superintendent Health Visitor ...	Number of staff supervised :— (i) 100 or over ; £450 × £25—£550. (ii) 50—99 ; £420 × £25—£520. (iii) 25—49 ; £390 × £20—£490. (iv) 10—24 ; £360 × £15—£420 × £10—£430.
Deputy Superintendent Health Visitor	£340 × £15—£430 × £10—£440.
Health Visitor Tutor	See Note 3 to Table III of Report.
Senior Health Visitor	Health Visitor's salary (£270 × £10—£360) + £20
Superintendent of Infant Welfare Centre	Health Visitor's salary (£270 × £10—£360) + £20
Health Visitor	£270 × £10—£360.
Child Protection Visitor	£270 × £10—£360.
Superintendent Tuberculosis Visitor ...	See Note 4 to Table III of Report.
Senior Tuberculosis Visitor. (a) If <i>possessing</i> Health Visitors' Certificate or Diploma issued under Board of Education (Health Visitors' Training) Regulations, 1919. (b) If <i>not possessing</i> a Certificate or Diploma.	Health Visitor's salary (£270 × £10—£360) + £20 Tuberculosis Visitor's salary (£250 × £10—£340) + £20.
Tuberculosis Visitor. (a) If <i>possessing</i> Health Visitors' Certificate or Diploma issued under Board of Education (Health Visitors' Training) Regulations, 1919. (b) If <i>not possessing</i> a Certificate or Diploma.	£270 × £10—£360. £250 × £10—£340.

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
<p>Superintendent School Nurse.</p> <p>(a) If <i>required</i> to possess Health Visitors' Certificate or Diploma issued under the Board of Education (Health Visitors' Training) Regulations, 1919.</p> <p>(b) If <i>not so required</i> (whether or not she possesses Certificate or Diploma).</p>	<p>Number of school nurses supervised :—</p> <p>(i) 100 or over ; £450 × £25—£550. (ii) 50—99 ; £420 × £25—£520. (iii) 25—49 ; £390 × £20—£490. (iv) 10—24 ; £360 × £15—£420 × £10—£430</p> <p>Number of school nurses supervised :—</p> <p>(i) 100 or over ; £420 × £25—£520. (ii) 50—99 ; £390 × £25—£490. (iii) 25—49 ; £360 × £20—£460. (iv) 10—24 ; £330 × £15—£390 × £10—£400.</p>
<p>Deputy Superintendent School Nurse.</p> <p>(a) If <i>required</i> to possess Health Visitors' Certificate or Diploma issued under Board of Education (Health Visitors' Training) Regulations, 1919.</p> <p>(b) If <i>not so required</i> (whether or not she possesses Certificate or Diploma).</p>	<p>£340 × £15—£430 × £10—£440.</p> <p>£310 × £15—£400 × £10—£410.</p>
<p>Senior School Nurse.</p> <p>(a) If <i>required</i> to possess Health Visitors' Certificate or Diploma issued under Board of Education (Health Visitors' Training) Regulations, 1919.</p> <p>(b) If <i>not so required</i> (whether or not she possesses Certificate or Diploma).</p>	<p>Health Visitor's salary (£270 × £10—£360) + £20.</p> <p>School Nurse's salary (£220 × £10—£310) + £20.</p>
<p>School Nurse.</p> <p>(a) If <i>required</i> to possess Health Visitors' Certificate or Diploma issued under Board of Education (Health Visitors' Training) Regulations, 1919.</p> <p>(b) If <i>not so required</i> (whether or not she possesses Certificate or Diploma).</p>	<p>£270 × £10—£360.</p> <p>£220 × £10—£310.</p>
Nurses engaged whole-time on nursing duties in connexion with dental work.	£220 × £10—£310.
Residential School Nurse 	£140 × £10—£230 (Emoluments valued at £100).
V.D. Clinic Sister 	V.D. Clinic Nurse's salary (£230 × £10—£320) + £20.
V.D. Clinic Nurse 	£230 × £10—£320.

NOTE.—For staff covered by this Table (except residential school nurses) :—
plus £30 for Administrative County of London.
plus £15 for rest of Metropolitan Police District.

SUMMARY OF TABLE IV

Superintendents and Assistant Superintendents of County Nursing Associations

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
Superintendent of County Nursing Association— Category (a) (Para. 72)	Directly responsible for :— (i) 50 or more staff ; Range :—£425-£550. Five increments of £20, provided maximum not exceeded.
Category (b) (Para. 72)	(ii) 20-49 ; Range :—£360-£480. Five increments of £15, provided maximum not exceeded. Directly responsible for :— (i) 50 or more district nurses ; Range £395-£520. Five increments of £20, provided maximum not exceeded. (ii) 20-49 district nurses ; Range £330-£450. Five increments of £15, provided maximum not exceeded.
Assistant Superintendent of County Nursing Association	Range :—£320-£425. Five increments of £15, provided maximum not exceeded.

NOTES.—(1) *plus* £30 for Administrative County of London.

plus £15 for rest of Metropolitan Police District.

(2) If a Superintendent or Assistant Superintendent is provided with full residential emoluments, £130 and £120 should be deducted respectively from the appropriate inclusive salaries.

SUMMARY OF TABLE V

Domiciliary Nurses provided with full emoluments in District Nurses Homes

Post (1)	Recommended Annual Salary (exclusive of emoluments) (2)	Total Value of Annual Emoluments (3)	Total Value of Salary and Emoluments (Col. (2) plus Col. (3)) (4)
Superintendent of District Nurses Home. (a) Training Home ...	No. of district nurses employed :— (i) 17 or more nurses ; £265 × £15—£325. (ii) 10-16 nurses ; £250 × £10—£300 × £5—£305. (iii) 6-9 nurses ; £230 × £10—£280. See Note 3 to Table V if Home is also approved for the training of pupil midwives.	£120 £120 £120	£385-£445 £370-£425 £350-£400
(b) Non-Training Home.	No. of district nurses employed :— (i) 10 or more nurses ; £190 × £10—£240 + £10 after 10 years' service on the scale + a further £10 after 15 years' service on the scale. An additional £10 is payable throughout, if district trained. (ii) 6-9 nurses ; £170 × £10—£220 + £10 after 10 years' service on the scale + a further increment of £10 after 15 years' service on the scale. An additional £10 is payable throughout if district trained.	£120 £120	£310-£390 £290-£370

Post (1)	Recommended Annual Salary (exclusive of emoluments) (2)	Total Value of Annual Emoluments. (3)	Total Value of Salary and Emoluments (Col. (2) plus Col. (3)) (4)
Assistant Superintendent of District Nurses Home. District Trained.			
(a) Where more than one employed. (Training Home).	(i) Senior Assistant, £190 × £10 —£240. (ii) Other Assistants, £170 × £10 —£210.	£110 £110	£300—£350 £280—£320
(b) Where only one employed			
(i) Training Home ...	£180 × £10—£230. ...	£110	£290—£340
(ii) Non-training Home	£170 × £10—£220. ... <i>Note</i> :—The scales in (a) (i) and (ii) and (b) (i) and (ii) above to be reduced by £10 through- out if not district trained.	£110	£280—£330
Senior District Nurse of Home with 3-5 Nurses.	(a) S.R.N. and S.C.M., District Trained :—£140 × £10—£200. (b) S.R.N. and S.C.M. only, £130 × £10—£190.	£100 £100	£240—£300 £230—£290
District Nurse Midwife ...	(a) S.R.N. and S.C.M., District Trained :—£140 × £10—£200. (b) S.R.N. and S.C.M. only, £130 × £10—£190.	£100 £100	£240—£300 £230—£290
District Nurse ...	(a) S.R.N. District Trained :— £120 × £10—£180. (b) S.R.N. only, £110 × £10— £170.	£100 £100	£220—£280 £210—£270
Student District Nurse. (S.R.N. or S.R.N. and S.C.M.)	£80	£75	£155
Village Nurse Midwife. (S.C.M. only.)	£110 × £10—£170	£90	£200—£260
Village Nurse Midwife (undergoing District Training).	£60	£75	£135

NOTES.—(1) If a Senior District Nurse, a District Nurse Midwife, or a District Nurse is *required* by her employing authority to possess the Health Visitors' Certificate or Diploma issued under the Board of Education (Health Visitors' Training) Regulations, 1919, an annual allowance throughout of £10 is payable.

(2) If midwifery is regularly undertaken at a District Nurses Home, the scale of Superintendent and Assistant Superintendent or of Senior District Nurse shall be increased by £10 throughout.

SUMMARY OF TABLE VI

Domiciliary Nurses not resident in District Nurses Homes

PART A.—Practising from premises rented or owned by the nurse, with the approval of the employing authority.

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
District Nurse Midwife... ..	(a) S.R.N. and S.C.M., District Trained :— $\pounds 260 \times \pounds 10 - \pounds 340$. (b) S.R.N. and S.C.M. only :— $\pounds 240 \times \pounds 10 - \pounds 310$.
District Nurse	(a) S.R.N., District Trained :— $\pounds 230 \times \pounds 10 - \pounds 300$. (b) S.R.N. only :— $\pounds 220 \times \pounds 10 - \pounds 290$.
Village Nurse Midwife	S.C.M. only :— $\pounds 210 \times \pounds 10 - \pounds 270$.

NOTES.—(1) *plus* $\pounds 30$ for Administrative County of London.

plus $\pounds 15$ for rest of Metropolitan Police District.

- (2) If a District Nurse Midwife or a District Nurse is *required* by her employing authority to possess Health Visitors' Certificate or Diploma, an allowance throughout of $\pounds 10$ is payable in addition to the appropriate scale.

PART B.—Practising from furnished or unfurnished house or rooms provided by the employing authority.

Post (1)	Recommended Annual Salary (inclusive of emoluments) (2)
District Nurse Midwife... ..	(a) S.R.N. and S.C.M., District Trained :— $\pounds 260 \times \pounds 10 - \pounds 340$. (b) S.R.N. and S.C.M. only :— $\pounds 240 \times \pounds 10 - \pounds 310$.
District Nurse	(a) S.R.N., District Trained :— $\pounds 230 \times \pounds 10 - \pounds 300$. (b) S.R.N. only :— $\pounds 220 \times \pounds 10 - \pounds 290$.
Village Nurse Midwife	S.C.M. only :— $\pounds 210 \times \pounds 10 - \pounds 270$.

NOTES.—(1) The allowances recommended for London and Metropolitan Police District in Note (1) to Part A do *not* apply to Nurses covered by Part B.

- (2) If a District Nurse Midwife or a District Nurse is *required* by her employing authority to possess Health Visitors' Certificate or Diploma, an allowance throughout of $\pounds 10$ is payable in addition to the appropriate scale.

- (3) The following charges (including rates) to be made :—

(a) for unfurnished house or rooms— $\pounds 26$ a year,

(b) for furnished house or rooms— $\pounds 52$ a year,

(c) for board lodging and attendance— $\pounds 78$ a year, where nurse lives alone or not more than two nurses live together (where 3 or more nurses are provided with full emoluments by employing authority, Table V applies).

SUMMARY OF TABLE VII

Staff employed in Residential Nurseries

Post (1)	Recommended Annual Salary (2)	Total Value of Annual Emolu- ments (3)	Total Value of Salary and Emoluments (Col. (2) plus Col. (3)) (4)	Value of Emoluments provided by Nursery for Non- Residents (5)	Living-out allowance (Col. (3) minus Col. (5)) (6)
Matron—					
(a) <i>Training Nursery</i> —					
(i) 40 or more children.	£170 × £10—£240	£100	£270—£340	£30	£70
(ii) 15–39 children ...	£150 × £10—£220	£100	£250—£320	£30	£70
(b) <i>Non-Training Nursery</i> —					
(i) 40 or more children	£150 × £10—£220	£100	£250—£320	£30	£70
(ii) 15–39 children ...	£130 × £10—£200	£100	£230—£300	£30	£70
Deputy Matron—					
(a) <i>Training Nursery</i> —					
(i) 40 or more children.	£140 × £10—£210	£100	£240—£310	£30	£70
(ii) 15–39 children ...	£120 × £10—£190	£100	£220—£290	£30	£70
(b) <i>Non-Training Nursery</i> —					
(i) 40 or more children.	£120 × £10—£190	£100	£220—£290	£30	£70
(ii) 15–39 children ...	£110 × £10—£170	£100	£210—£270	£30	£70
Staff Nurse	£100 × £10—£140	£90	£190—£230	£25	£65

NOTE.—A State Registered nurse, or a nurse on the supplementary part of the State Register for Sick Children's nurses, in charge of a residential nursery with accommodation for fewer than 15 children :—£120 × £10—£160 : emoluments £90.

SUMMARY OF TABLE VIII

Staff employed in Day Nurseries

PART A—Non-Resident Staff.

Post (1)	Annual Salary (inclusive of emoluments) (2)
Matron—	
(a) <i>Training Nursery</i>	(i) 60 or more children—£260 × £10—£330. (ii) 30–59 children —£250 × £10—£320. (iii) 20–29 children —£240 × £10—£310.
(b) <i>Non-Training Nursery</i>	(i) 60 or more children—£240 × £10—£310. (ii) 30–59 children —£230 × £10—£300. (iii) 20–29 children —£220 × £10—£290.
Deputy Matron—	
(a) <i>Training Nursery</i>	(i) 60 or more children—£230 × £10—£280. (ii) 30–59 children —£220 × £10—£270. (iii) 20–29 children —£210 × £10—£260.
(b) <i>Non-Training Nursery</i>	(i) 60 or more children—£210 × £10—£260. (ii) 30–59 children —£200 × £10—£250. (iii) 20–29 children —£190 × £10—£240.
Staff Nurse	£190 × £10—£230.

NOTES.—(1) *plus* £30 for Administrative County of London.
plus £15 for rest of Metropolitan Police District.
(2) Annual charge of £25 to be made for meals on duty.
(3) A State Registered nurse, or a nurse on the supplementary part of the State Register for Sick Children's nurses, in charge of a day nursery with accommodation for fewer than 20 children, and non-resident :—£210 × £10—£250.

PART B.—Matrons and Deputy Matrons required to be resident.

Post (1)	Recommended Annual Salary (2)	Total Value of Annual Emoluments (3)	Total Value of Salary and Emoluments (Col. (2) plus Col. (3) (4)
Matron—			
(a) <i>Training Nursery</i> —			
(i) 60 or more children ...	£150 × £10—£220	£100	£250—£320
(ii) 30–59 children ...	£140 × £10—£210	£100	£240—£310
(iii) 20–29 children ...	£130 × £10—£200	£100	£230—£300
(b) <i>Non-Training Nursery</i> —			
(i) 60 or more children ...	£130 × £10—£200	£100	£230—£300
(ii) 30–59 children ...	£120 × £10—£190	£100	£220—£290
(iii) 20–29 children ...	£110 × £10—£180	£100	£210—£280
Deputy Matron—			
(a) <i>Training Nursery</i> —			
(i) 60 or more children ...	£130 × £10—£180	£100	£230—£280
(ii) 30–59 children ...	£120 × £10—£170	£100	£220—£270
(iii) 20–29 children ...	£110 × £10—£160	£100	£210—£260
(b) <i>Non-Training Nursery</i> —			
(i) 60 or more children ...	£110 × £10—£160	£100	£210—£260
(ii) 30–59 Children ...	£100 × £10—£150	£100	£200—£250
(iii) 20–29 children ...	£90 × £10—£140	£100	£190—£240

NOTES.—(1) The allowances recommended for London and Metropolitan Police District in Note (i) to Part A do not apply to matrons and deputy matrons covered by Part B.

(2) A State Registered nurse, or a nurse on the supplementary part of the State Register for Sick Children's nurses, in charge of a day nursery with accommodation for fewer than 20 children, and required by her employing authority to be resident:—£120 × £10—£160 : emoluments valued at £90.

APPENDIX II.

NOTE OF RESERVATION TO TABLES I AND II OF REPORT.

1. I regret I am unable to support the proposals in Tables I and II of this Report that London shall be divided into two Zones, namely the Administrative County and the Metropolitan Police District, in which differential scales of pay are to operate for non-resident male nurses.

2. No satisfactory evidence, in my view, was advanced to justify such a radical departure from the existing policy of uniformity which substantially governs the rates of pay and conditions of service of staffs employed in the hospitals and institutions within the London area, and those situated immediately beyond it.

3. In assessing scales of pay, the costs of subsistence and rent are basic considerations. There is not, as far as I am aware, expert evidence available showing any material difference in these costs in the two Zones as would prove the desirability and equity of applying differential scales of pay as is now proposed.

4. The Administrative County area (exclusive of the City) covers an area of 115½ square miles and the Metropolitan Police District covers an area of 693 square miles. The County Boundary, fixed in 1888, was not determined by economic considerations and, therefore, as a factor in the assessment of wages, it is purely artificial and irrelevant. The costs of subsistence and rents of work-people are generally uniform throughout the London area.

5. In his recent report on Social Security, Sir William Beveridge analysed the problem of subsistence and rents. In dealing with London, he found no material difference in these costs as would warrant the proposal to pay differential scales of benefit to those living within the London area.

6. Existing industrial wage agreements generally recognise these facts and, accordingly, provide for uniform scales of pay well beyond the County area. A substantial number of the agreements, especially those governing the newer trades, operate uniform scales of pay throughout the Metropolis. I do not know of a single wage agreement which

fixes a leading rate for the Administrative County only; nor am I aware of any responsible body of employers or any Trade Union ever having made such a proposal.

7. As regards local authorities within the London area, they operate differential wage scales for similar grades of staff but these differences are not based on economic considerations. For example, up to the outbreak of War, the Middlesex Joint Industrial Council for Local Authorities' Non-Trading Services fixed higher scales of pay for similar classes of labour than those prescribed by the London District Council for Local Authorities' Non-Trading Services while the North Metropolitan Joint Industrial Council have fixed similar rates for the same class of employee as those prescribed by the London District Council.

8. The London County Council is, excluding the State, the largest employer of labour within the Metropolis. It controls 80 hospitals and institutions within the Metropolis and Greater London areas, and where there are employed not fewer than 30,000 employees. Almost the entire body of male nurses affected by this recommendation are in the service of this authority. Few, if any, male nurses are employed by the London voluntary hospitals. What is the policy of this Council on the question of wages and salaries? Uniform scales of pay and conditions of service are applied to the whole of their hospital and institutional staffs throughout the entire London area, and with but few exceptions relating to trade employees substantially beyond it. This policy of uniformity has been adopted with the full approval of the Trade Unions concerned and the tendency is to extend it beyond its present boundaries. For example, in the last twelve months at the instance of the London County Council, uniform scales of pay have been agreed with the local authorities concerned throughout London and the Home Counties for non-resident pharmacists and massage staffs in hospitals.

9. Against such a background as this, is it desirable that a small body of employees—not more than 1,000—shall for the purpose of wages be dealt with separately from the main body of employees engaged in the London hospital service? It is true that the Committee have only looked at this matter from the aspect of the male nursing staff, but it is necessary to have regard to the effects of such a policy on the general body of hospital employees, for it will inevitably give rise to administrative difficulties which it would have been wiser to avoid; and incidentally, it does introduce the competitive element between the London hospital authorities in their recruitment of male nurses which it is the specific purpose of the Committee to eliminate.

10. Nurses, having regard to the exigencies of the service, have to be transferred from one hospital to another. Administrative difficulties already exist which do not make it easy even with uniform scales of pay for these transfers to be effected. In addition to the residential difficulties which are now encountered, there will be the additional difficulties arising from the operation of differential scales of pay. It will, for example, not be easy to induce nurses to transfer from the Administrative County to the Metropolitan Police District at a substantially lower rate of pay, particularly when such a transfer will not only bring no relief in the cost of living, but may involve him in greater travelling expenses than was the case before he was transferred.

11. In making their proposal, the Committee recognise these difficulties and have attempted to meet them by conferring on the employing authorities the discretionary right to pay the higher County rate to nurses transferred to the lower paid area for a period. To limit the operation of the recommendation in this way will not remove the administrative difficulties which it is bound to cause in the efforts to secure the widest mobility of labour in the interests of the London hospital service.

12. It is because of these economic and administrative considerations that I consider it is my duty to dissent strongly from this recommendation and to support the proposal of a uniform leading rate on the national scales for the whole of the London area.

ARTHUR MOYLE.

